

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 234

For Official Use Only

Statement covers period

from 10/01/2017

through 12/31/2017

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee
☒ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
892177

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
California Association of Health Underwriters Political Action Committee

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
------	-------	----------	-----------------

OPTIONAL: FAX/E-MAIL ADDRESS
916-442-7759 / fppc@bmhlaw.com

Treasurer(s)

NAME OF TREASURER
Thomas W. Hiltachk

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-442-7757

NAME OF ASSISTANT TREASURER, IF ANY
Ashlee N. Titus

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Sacramento	CA	95814	916-442-7757

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/24/2018 By Thomas W. Hiltachk
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 234

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/01/2017 through 12/31/2017	CALIFORNIA FORM 460 Page 3 of 234 I.D. NUMBER 892177
--	---

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$30,596.50	\$176,769.54
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$30,596.50	\$176,769.54
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$500.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$30,596.50	\$177,269.54

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$9,106.69	\$139,069.88
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$9,106.69	\$139,069.88
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	(\$2,775.17)	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$500.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$6,331.52	\$139,569.88

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$90,155.60	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$30,596.50	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$3,664.14	
15. Cash Payments	Column A, Line 8 above	\$9,106.69	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$115,309.55	
If this is a termination statement, Line 16 must be zero.			
17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$0.00	

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 4 of 234
		I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/2017	Cyan Insurance Solutions, Inc. Fallbrook, CA 92028 Memo Reference: INC49101	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
10/4/2017	San Diego Association of Health Underwriters San Diego, CA 92124 Memo Reference: INC49099	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,175.00	\$10,125.00	
10/4/2017	San Diego Association of Health Underwriters San Diego, CA 92124 Memo Reference: INC49100	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$2,825.00	\$10,125.00	
10/10/2017	AMIC Health Insurance Services, Inc. Redding, CA 96001 Memo Reference: INC49316	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42.00	\$504.00	
10/10/2017	Karen L. Anderson Mount Shasta, CA 96067 Memo Reference: INC49459	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elizabeth V. Mitchell-Collord Insurance Agency Insurance Agency	\$21.00	\$147.00	

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$29,169.00

2. Amount received this period - unitemized contributions of less than \$100 \$1,427.50

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$30,596.50

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 5 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Sharon Ashby San Ramon, CA 94583 Memo Reference: INC49382	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ashby & Hammond Insurance Services Insurance Agent	\$21.00	\$252.00	
10/10/2017	Shawn Balsdon San Francisco, CA 94109 Memo Reference: INC49398	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pinnacle Claims Director of Sales	\$21.00	\$252.00	
10/10/2017	Barbara C. Oberman Insurance Services Woodland Hills, CA 91364 Memo Reference: INC49372	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10.00	\$376.00	
10/10/2017	Barbara McClaskey Insurance Services Redding, CA 96001 Memo Reference: INC49370	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$1,422.00	
10/10/2017	Barbara McClaskey Insurance Services Redding, CA 96001 Memo Reference: INC49375	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$21.00	\$1,422.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 6 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Tina Baumgartner Concord, CA 94518 Memo Reference: INC49335	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word and Brown Field Sales Representative	\$10.00	\$120.00	
10/10/2017	Steve Bazarro Chula Vista, CA 91913 Memo Reference: INC49400	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bazarro Insurance Services President / Owner	\$21.00	\$126.00	
10/10/2017	Sandra Bealu San Jose, CA 95112 Memo Reference: INC49405	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LISI Regional Sales Manager	\$60.00	\$720.00	
10/10/2017	Vanessa Benitez-Reyes Rancho Santa Fe, CA 92067 Memo Reference: INC49454	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word & Brown Regional Vice President	\$21.00	\$168.00	
10/10/2017	Bruce Benton Woodland Hills, CA 91364 Memo Reference: INC49406	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Creative Employee Benefits Insurance Service, Inc. Insurance Agent/Broker	\$85.00	\$935.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 7 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Stephanie Berger Camarillo, CA 93010 Memo Reference: INC49371	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HLS Insurance Services Corporation Agent	\$85.00	\$1,470.00	
10/10/2017	Norman Bernier Los Angeles, CA 90025-4416 Memo Reference: INC49298	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Norman W. Bernier, CLU, ChFC Insurance Broker	\$21.00	\$252.00	
10/10/2017	Debbie Blander Thousand Oaks, CA 91362 Memo Reference: INC49407	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEB Consulting Owner	\$25.00	\$264.00	
10/10/2017	David Brabender Sacramento, CA 95822 Memo Reference: INC49446	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Atman Insurance Services Insurance Agent	\$10.00	\$120.00	
10/10/2017	David Brecher Encino, CA 91436 Memo Reference: INC49360	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brecher Insurance & Financial Services Insurance Broker	\$25.00	\$300.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 8 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Hazel Bright Concord, CA 94520 Memo Reference: INC49404	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HB Resources Insurance Services, Inc. Broker	\$85.00	\$1,020.00	
10/10/2017	Christiane Broner Albany, CA 94706 Memo Reference: INC49450	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broner Financial Services Broker	\$25.00	\$300.00	
10/10/2017	Barbara Bullion Folsom, CA 95630 Memo Reference: INC49340	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Transamerica Regional Vice President	\$25.00	\$300.00	
10/10/2017	Patrick Burns Oakland, CA 94618 Memo Reference: INC49369	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Burns Employee Benefits Insurance Services, LLC Insurance Broker	\$85.00	\$1,020.00	
10/10/2017	Business Choice Insurance Services La Mesa, CA 91941 Memo Reference: INC49411	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$680.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee






Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460
Page 9 of 234		
NAME OF FILER California Association of Health Underwriters Political Action Committee		I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Cindy Buttera West Thousand Oaks, CA 91360 Memo Reference: INC49451	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word & Brown Field Sales Director	\$21.00	\$252.00	
10/10/2017	Rebecca Canova Walnut Creek, CA 94598 Memo Reference: INC49440	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Healthcare Insurance Sales	\$21.00	\$252.00	
10/10/2017	Julianne Canter Simi Valley, CA 93063 Memo Reference: INC49408	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Sales Executive	\$25.00	\$280.00	
10/10/2017	Fred Cartier Spring Valley, CA 91978 Memo Reference: INC49409	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rogers Benefit Group Account Executive	\$42.00	\$504.00	
10/10/2017	Brian Cecy Santa Cruz, CA 95060 Memo Reference: INC49299	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cecy Insurance Services Insurance Broker	\$50.00	\$475.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 10 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Debbie Chaffin Fresno, CA 93726-4027 Memo Reference: INC49300	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chaffin Insurance Services Insurance Agent	\$21.00	\$252.00	
10/10/2017	E. Stanton Clark Chino Hills, CA 91709-2618 Memo Reference: INC49301	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clark & Associates Broker	\$15.00	\$165.00	
10/10/2017	Richard Coburn San Rafael, CA 94903 Memo Reference: INC49410	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word & Brown Health Insurance Sales	\$250.00	\$2,750.00	
10/10/2017	Dorothy Cociu Yorba Linda, CA 92887 Memo Reference: INC49361	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advanced Benefit Consulting & Insurance Services, Inc. Health Insurance Agent	\$85.00	\$1,420.00	
10/10/2017	Barry Cohn Canoga Park, CA 91303 Memo Reference: INC49302	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Really Great Employee Benefits Employee Benefits	\$100.00	\$1,200.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 11 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Renee Cohn Canoga Park, CA 91303 Memo Reference: INC49303	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Really Great Employee Benefits Employee Benefits	\$100.00	\$1,200.00	
10/10/2017	Kenneth Coker Benicia, CA 94510 Memo Reference: INC49452	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zenefits Regional Sales Manager	\$25.00	\$250.00	
10/10/2017	Ronald Collins Redwood City, CA 94063 Memo Reference: INC49449	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RSC Financial & Insurance Services, Inc. Insurance Agent	\$21.00	\$252.00	
10/10/2017	Colonial Life Lake Elsinore, CA 92530 Memo Reference: INC49384	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25.00	\$100.00	
10/10/2017	Robert L. Copeland Larkspur, CA 94939 Memo Reference: INC49412	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Copeland Insurance Services Insurance Sales	\$85.00	\$680.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received






Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 12 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Association of Health Underwriters Political Action Committee	I.D. Number 892177
---	-----------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Ryan Cortez San Diego, CA 92131 Memo Reference: INC49463	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sharp Health Plan Event Planning Associate	\$21.00	\$126.00	
10/10/2017	Neil Crosby Thousand Oaks, CA 91362 Memo Reference: INC49413	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Insurance Management	\$85.00	\$765.00	
10/10/2017	Lisa Dahl Chatsworth, CA 91311 Memo Reference: INC49338	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hoffman Brown Company Broker	\$21.00	\$252.00	
10/10/2017	Cathy Daugherty Newport Beach, CA 92663 Memo Reference: INC49373	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bridgeport Benefits Insurance Sales	\$85.00	\$635.00	
10/10/2017	Brad Davis Sacramento, CA 95835 Memo Reference: INC49414	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wraith, Scarlett & Randolph Insurance Services, Inc. V.P. Employee Benefits, Owner	\$85.00	\$1,835.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 13 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	C. Bradshaw Davis San Diego, CA 92108 Memo Reference: INC49438	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C. Bradshaw Davis, CLU, ChFC, CLTC Insurance Agent	\$21.00	\$252.00	
10/10/2017	Christopher Denton Agoura Hills, CA 91301 Memo Reference: INC49415	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Sales Executive	\$21.00	\$252.00	
10/10/2017	Alexis DeVorss Folsom, CA 95630 Memo Reference: INC49383	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Financial Group Financial Representative	\$10.00	\$110.00	
10/10/2017	Dickerson Employee Benefits Los Angeles, CA 90039 Memo Reference: INC49374	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$425.00	
10/10/2017	Scott Dutenhoefer Orange, CA 92866-3215 Memo Reference: INC49304	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BCIS Insurance Services, Inc. President	\$60.00	\$720.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee






Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>14</u> of <u>234</u>
NAME OF FILER California Association of Health Underwriters Political Action Committee		I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Essential Exchange Insurance Services Brentwood, CA 94513 Memo Reference: INC49351	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$21.00	\$252.00	
10/10/2017	Ed Eybsen Ventura, CA 93004 Memo Reference: INC49465	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Collaborative Insurance Solutions President	\$60.00	\$240.00	
10/10/2017	David Fear, Jr. Lincoln, CA 95648 Memo Reference: INC49342	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shepler & Fear General Agency Broker Sales Consultant	\$50.00	\$375.00	
10/10/2017	James K. Finster Fallbrook, CA 92028 Memo Reference: INC49416	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cyan Insurance Solutions, Inc. Insurance Agent	\$25.00	\$275.00	
10/10/2017	Michael Freeman San Diego, CA 92108-4043 Memo Reference: INC49305	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Countywide Health Ins. Services, Inc. Insurance Agent	\$170.00	\$2,040.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 15 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Stuart Friedman Irvine, CA 92614 Memo Reference: INC49362	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AXA Advisors, LLC Financial Consultant	\$21.00	\$252.00	
10/10/2017	John Good Chino Hills, CA 91709-6018 Memo Reference: INC49306	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Good & Associates Broker	\$30.00	\$360.00	
10/10/2017	James Goodacre Carmel, CA 93923 Memo Reference: INC49396	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	James W. Goodacre II RHU,REBC Insurance Broker	\$21.00	\$252.00	
10/10/2017	Sean Greene Carlsbad, CA 92009 Memo Reference: INC49444	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Greener Pasture Insurance Services Broker	\$21.00	\$126.00	
10/10/2017	Cameron Greenlaw San Diego, CA 92108 Memo Reference: INC49462	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HealthCare Solutions Insurance Agency, Inc. Insurance Advisor	\$21.00	\$126.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 16 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Tracy Hanson Anaheim Hills, CA 92808 Memo Reference: INC49453	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Shield of California Regional Sales Executive	\$21.00	\$210.00	
10/10/2017	Jon Harmon Palm Springs, CA 92264-7894 Memo Reference: INC49307	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Harmon Insurance Services, LLC Insurance Agent	\$25.00	\$300.00	
10/10/2017	Harry P. Thal Insurance Agency Kernville, CA 93238 Memo Reference: INC49367	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$750.00	
10/10/2017	Mark Haskell Carlsbad, CA 92008 Memo Reference: INC49418	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Haskell Enrollment & Insurance Services, Inc. Broker, President, and CEO	\$85.00	\$935.00	
10/10/2017	Health Insurance Infosystem Camarillo, CA 93010 Memo Reference: INC49353	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42.00	\$336.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 17 of 234 I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Paula Heckler Walnut Creek, CA 94597 Memo Reference: INC49433	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lincoln Financial Advisors Insurance Agent	\$100.00	\$1,200.00	
10/10/2017	Richard Hemmerling Santa Clara, CA 95054 Memo Reference: INC49403	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sedona Benefits Broker	\$42.00	\$252.00	
10/10/2017	Joseph Henehan San Bernardino, CA 92408 Memo Reference: INC49331	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph E. Henehan Financial and Insurance Services, Inc. Insurance Agent	\$85.00	\$1,020.00	
10/10/2017	Patrick Hennessy Lafayette, CA 94549 Memo Reference: INC49419	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	beere&purves Sales Representative	\$21.00	\$292.00	
10/10/2017	Peter Herkey Sunland, CA 91040 Memo Reference: INC49389	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PGH Insurance Marketing Insurance Broker	\$100.00	\$1,200.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 18 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Lisa Herzick Sacramento, CA 95833 Memo Reference: INC49456	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Herzick Employee Insurance Solutions Benefits Consultant	\$21.00	\$168.00	
10/10/2017	Amer Hilanto Spring Valley, CA 91978 Memo Reference: INC49420	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hilanto Financial & Insurance Services, Inc. Agent / Broker	\$85.00	\$1,020.00	
10/10/2017	James A. Holt Walnut Creek, CA 94596 Memo Reference: INC49421	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Holt Financial Services Broker	\$85.00	\$1,020.00	
10/10/2017	Shelley Hoover Riverside, CA 92506 Memo Reference: INC49441	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dickerson Employee Benefits Director of Sales	\$30.00	\$360.00	
10/10/2017	Kym Hopwood Brentwood, CA 94513 Memo Reference: INC49434	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dealey, Renton & Associates Insurance Agent	\$85.00	\$850.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 19 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Dorothy Hull San Jose, CA 95125 Memo Reference: INC49308	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paine Financial & Insurance Services, Inc. Agent	\$10.00	\$120.00	
10/10/2017	Lisa Hutcherson Elk Grove, CA 95624 Memo Reference: INC49447	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AFLAC Insurance	\$21.00	\$252.00	
10/10/2017	IntelliBenefits Insurance Services, Inc. Tustin, CA 92780 Memo Reference: INC49455	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25.00	\$175.00	
10/10/2017	Terry Lee Ives San Clemente, CA 92673 Memo Reference: INC49395	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Financial Advisors, Inc. Insurance Agent	\$21.00	\$252.00	
10/10/2017	Grant C. Jacka Encinitas, CA 92024 Memo Reference: INC49461	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CMR Risk & Insurance Services Inc. Benefits Broker	\$21.00	\$126.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>20</u> of <u>234</u>		I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Janco Chamberlin Insurance Services Tustin, CA 92780 Memo Reference: INC49457	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$21.00	\$147.00	
10/10/2017	Dennis Jarvis Carmel, CA 93923 Memo Reference: INC49422	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Goodacre Insurance Services Insurance Agent	\$25.00	\$250.00	
10/10/2017	John Helms & Associates Walnut Creek, CA 94597 Memo Reference: INC49352	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$21.00	\$252.00	
10/10/2017	David Johnston Rancho Cucamonga, CA 91730 Memo Reference: INC49333	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - David N. Johnston Insurance Sales	\$21.00	\$252.00	
10/10/2017	Judy Maxwell Insurance Services Redding, CA 96003 Memo Reference: INC49427	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$1,020.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 21 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Bobbi Kaelin Los Angeles, CA 90012 Memo Reference: INC49381	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PayPro Administrators Vice President	\$21.00	\$442.00	
10/10/2017	Jeffrey Kane Watsonville, CA 95076-3202 Memo Reference: INC49363	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KBK Insurance Agency Insurance Broker	\$85.00	\$1,020.00	
10/10/2017	Michael Kenney Thousand Oaks, CA 91360 Memo Reference: INC49354	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mike Kenney Insurance Agency Insurance Agent	\$100.00	\$800.00	
10/10/2017	Colleen King Northridge, CA 91324 Memo Reference: INC49390	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Colleen King Insurance Agency Insurance Agent	\$42.00	\$565.00	
10/10/2017	Linda Rose Koehler Livermore, CA 94550 Memo Reference: INC49442	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Herzog Insurance Agency, Inc. Health Benefits Producer	\$85.00	\$1,181.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page <u>22</u> of <u>234</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Jennifer Lapava San Jose, CA 95124 Memo Reference: INC49379	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word & Brown Regional Sales Manager	\$10.00	\$120.00	
10/10/2017	Sue Larsen Santa Barbara, CA 93111 Memo Reference: INC49423	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gulley & Larsen Insurance Services, LLC Self Employed Insurance Sales	\$21.00	\$252.00	
10/10/2017	Helene Lederman Stevenson Ranch, CA 91381 Memo Reference: INC49435	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CIS Insurance Services Inc. Insurance Agent	\$21.00	\$252.00	
10/10/2017	Philip Lee Lafayette, CA 94549 Memo Reference: INC49424	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lee Health Insurance Services (BLIS Corporation) Insurance Broker, President	\$60.00	\$411.00	
10/10/2017	Marilyn Leonard San Jose, CA 95148-2829 Memo Reference: INC49309	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Beacon Ridge Health Insurance Services Insurance Broker	\$85.00	\$1,020.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 23 of 234 I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Leslie A. Williams Insurance Services Redding, CA 96002 Memo Reference: INC49347	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$933.00	
10/10/2017	Jennifer Lisanti Alameda, CA 94502 Memo Reference: INC49368	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Beere & Purves Inc. Director of Sales	\$21.00	\$252.00	
10/10/2017	Allan Liu San Jose, CA 95110-1359 Memo Reference: INC49310	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prudent Choice Insurance Services Insurance Broker	\$42.00	\$504.00	
10/10/2017	Jim Lowther La Mesa, CA 91941 Memo Reference: INC49397	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prescott & Lowther Insurance Agency Health Insurance Broker	\$21.00	\$231.00	
10/10/2017	M&L Hurley Insurance & Financial, Inc. Redding, CA 96002 Memo Reference: INC49343	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42.00	\$504.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 24 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Todd Macaluso Vista, CA 92081-8784 Memo Reference: INC49311	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Health Group Health Insurance Agent	\$21.00	\$252.00	
10/10/2017	Laurann Malachowski Los Angeles, CA 90046 Memo Reference: INC49378	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Malachowski Insurance & Financial Solutions Insurance Sales	\$21.00	\$252.00	
10/10/2017	Richard Manning Granada Hills, CA 91344 Memo Reference: INC49394	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manning Insurance Services dba Accessible Health Insurance CEO & Owner	\$85.00	\$640.00	
10/10/2017	Lucille Maravilla San Jose, CA 95125-5552 Memo Reference: INC49426	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Maravilla Insurance Health Insurance Agent	\$42.00	\$126.00	
10/10/2017	Joel Marcus Carlsbad, CA 92009-6626 Memo Reference: INC49312	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joe Marcus Insurance Services Insurance Sales	\$20.00	\$240.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 25 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	D'Vorah Mariscal Orange, CA 92868-6612 Memo Reference: INC49313	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BenefitMall Broker Sales Executive	\$20.00	\$240.00	
10/10/2017	Jennifer Mason Zoeller Orangevale, CA 95662 Memo Reference: INC49346	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shepler & Fear General Agency Vice President	\$10.00	\$120.00	
10/10/2017	Jacqueline McCarville Bakersfield, CA 93312 Memo Reference: INC49334	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Solutions Insurance Services Broker	\$25.00	\$300.00	
10/10/2017	Monte Merken West Hills, CA 91307 Memo Reference: INC49315	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Merken Insurance Services Owner and Principal	\$42.00	\$588.00	
10/10/2017	Mary Metcalfe Apple Valley, CA 92308 Memo Reference: INC49428	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mary Metcalfe Insurance Services Broker	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 26 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Jeff Miller Fortuna, CA 95540 Memo Reference: INC49314	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harbers Insurance Agency Insurance Broker	\$21.00	\$252.00	
10/10/2017	Kelly Moore Irvine, CA 92612 Memo Reference: INC49429	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Moore Benefits, Inc. President	\$21.00	\$252.00	
10/10/2017	James Morrison Carlsbad, CA 92009 Memo Reference: INC49376	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	James M. Morrison Insurance Services, Inc. Insurance Broker	\$90.00	\$1,080.00	
10/10/2017	Laura Murphy San Luis Obispo, CA 93401 Memo Reference: INC49437	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Financial Group Director of Sales	\$15.00	\$230.00	
10/10/2017	Fern Musser Upland, CA 91784 Memo Reference: INC49336	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ray M. Musser & Associates, Inc. Insurance Agent	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 27 of 234 I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Ray Musser Upland, CA 91784 Memo Reference: INC49337	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ray M. Musser & Associates, Inc. Insurance Agent	\$21.00	\$252.00	
10/10/2017	Ryan Neace Fresno, CA 93704 Memo Reference: INC49341	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrative Solutions, Inc. Vice President of Sales	\$21.00	\$276.00	
10/10/2017	Kim Novak Goleta, CA 93117 Memo Reference: INC49430	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Regional Sales Manager	\$21.00	\$252.00	
10/10/2017	Izak Okon Tarzana, CA 91356-4252 Memo Reference: INC49388	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Q.S.R Insurance Agency Owner	\$50.00	\$1,200.00	
10/10/2017	Options in Insurance Agency LLC Anaheim, CA 92880 Memo Reference: INC49324	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$60.00	\$558.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 28 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Jeff B. Pauli Arcata, CA 95521 Memo Reference: INC49443	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anderson Robinson Starkey Insurance Insurance Broker	\$85.00	\$1,120.00	
10/10/2017	David Peters Santa Barbara, CA 93105 Memo Reference: INC49445	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peters & Milam Insurance Services Insurance Agent	\$60.00	\$720.00	
10/10/2017	Christine Petrocelli Santa Cruz, CA 95062-2033 Memo Reference: INC49317	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Progressive Benefit Group Owner	\$60.00	\$720.00	
10/10/2017	John Ringer Huntington Beach, CA 92648 Memo Reference: INC49391	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ringer Insurance Services Life & Health Broker/Agent	\$21.00	\$252.00	
10/10/2017	Kevin Roberts Clayton, CA 94517 Memo Reference: INC49436	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KR Benefits Insurance Services Insurance Broker	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 29 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Neil Robinson Highland, CA 92346 Memo Reference: INC49458	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BenefitMall Sales Executive	\$21.00	\$147.00	
10/10/2017	Mike Rude Fresno, CA 93726-0955 Memo Reference: INC49318	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mike Rude Insurance Services Independent Agent	\$21.00	\$252.00	
10/10/2017	Mitzy Russom Concord, CA 94521 Memo Reference: INC49380	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rogers Benefit Group Sales Representative	\$10.00	\$120.00	
10/10/2017	Teri Sackett Sebastopol, CA 95472 Memo Reference: INC49471	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sackett & Associates Insurance Services Owner	\$85.00	\$255.00	
10/10/2017	Toni Santaella Santa Barbara, CA 93105-3507 Memo Reference: INC49327	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santaella & Associates Insurance Broker	\$100.00	\$1,200.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 30 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Kenneth N. Scopp Los Angeles, CA 90025 Memo Reference: INC49348	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Financial Resources Certified Financial Planner and Certified Senior Advisor	\$21.00	\$252.00	
10/10/2017	Linda Seltzer El Cajon, CA 92020 Memo Reference: INC49326	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teague Financial Insurance Services Insurance Agent	\$21.00	\$252.00	
10/10/2017	Shasta Health Insurance Services, Inc. Redding, CA 96003 Memo Reference: INC49350	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42.00	\$504.00	
10/10/2017	Samantha Siders Camino, CA 95709 Memo Reference: INC49345	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Choice Administrators Regional Sales Manager	\$10.00	\$120.00	
10/10/2017	Stephen Snitchler Bakersfield, CA 93306 Memo Reference: INC49325	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kern Island Insurance Services Insurance Broker	\$10.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received






Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 31 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Association of Health Underwriters Political Action Committee	I.D. Number 892177
---	-----------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Stedt Insurance Services San Clemente, CA 92673 Memo Reference: INC49349	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$1,120.00	
10/10/2017	Tiffany Stiller Los Angeles, CA 90048 Memo Reference: INC49392	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BenefitMall Vice President, Carrier Relations	\$21.00	\$252.00	
10/10/2017	Kirk Stoddard San Jose, CA 95125-4331 Memo Reference: INC49323	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kirk Stoddard Agency Broker	\$21.00	\$231.00	
10/10/2017	Casey Stratmeyer Martinez, CA 94553 Memo Reference: INC49332	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Payroll Systems VP Business Development	\$21.00	\$252.00	
10/10/2017	J. Edward Stricklan San Bernardino, CA 92408-3550 Memo Reference: INC49322	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Henahan Company Life & Health Broker	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 32 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Jean Strouf Jamul, CA 91935 Memo Reference: INC49339	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teague Financial Insurance Services, Inc. Insurance Agent	\$100.00	\$1,200.00	
10/10/2017	David Style Tarzana, CA 91356 Memo Reference: INC49364	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Corporate Benefit Marketing Broker	\$85.00	\$1,020.00	
10/10/2017	Kathleen Sunday Fresno, CA 93720-2945 Memo Reference: INC49321	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Horstmann Financial & Insurance Services Employee Benefit Administrator	\$21.00	\$252.00	
10/10/2017	Lisa Trapani Alamo, CA 94507 Memo Reference: INC49464	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anthem Blue Cross Specialty Sales Executive	\$25.00	\$255.00	
10/10/2017	Charles Underhill Woodland Hills, CA 91367-4110 Memo Reference: INC49365	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Underhill Insurance Agency Insurance Broker/Owner	\$60.00	\$720.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 33 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Gale Kathleen Vaillancourt San Francisco, CA 94115 Memo Reference: INC49377	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Claremont Insurance Services Sales	\$85.00	\$1,100.00	
10/10/2017	Louise Valencia Irvine, CA 92606-1026 Memo Reference: INC49328	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ManageEase, Inc. Director, Employee Benefits	\$21.00	\$252.00	
10/10/2017	Van Nest Ventures, Inc. Saratoga, CA 95070 Memo Reference: INC49344	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$1,020.00	
10/10/2017	Vicki Whaley Insurance Services Weaverville, CA 96093 Memo Reference: INC49439	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$270.00	
10/10/2017	Steven Walker Watsonville, CA 95076-0751 Memo Reference: INC49329	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coast Benefits & Insurance Services, Inc. Owner	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 34 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Dale L. Washington Cypress, CA 90630 Memo Reference: INC49356	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Easy Choice Health Plan District Sales Manager	\$42.00	\$294.00	
10/10/2017	Yolanda Webb Chino, CA 91710 Memo Reference: INC49355	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Webb Insurance Solutions President	\$85.00	\$830.00	
10/10/2017	Mary Jane Weber Upland, CA 91784 Memo Reference: INC49366	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Morgan & Franz Insurance and Financial Services, Inc. Executive	\$170.00	\$2,040.00	
10/10/2017	William Youngblood Rancho Mirage, CA 92270-1727 Memo Reference: INC49330	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William Youngblood Insurance, Inc. Insurance Broker	\$21.00	\$252.00	
10/10/2017	Teresa Yurek San Diego, CA 92129 Memo Reference: INC49399	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Terri Yurek Insurance Services Insurance Broker	\$85.00	\$1,020.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 35 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/10/2017	Helen Zajac Mission Viejo, CA 92691 Memo Reference: INC49432	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Sales Consultant	\$21.00	\$352.00	
10/11/2017	Dawn McFarland Reseda, CA 91335 Memo Reference: INC49277	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	M&M Benefit Solutions Insurance Services Insurance Agent / Owner	\$10.00	\$155.00	
10/13/2017	EPR Insurance Services Riverside, CA 92506 Memo Reference: INC49279	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
10/16/2017	Haisha Insurance Services, Inc. La Mesa, CA 91941 Memo Reference: INC49286	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
10/29/2017	Ross Pendergraft North Hills, CA 91343 Memo Reference: INC49294	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Leavitt Group Senior Vice President	\$120.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee






Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460
Page 36 of 234		
NAME OF FILER California Association of Health Underwriters Political Action Committee		I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/1/2017	Bobbi Kaelin Los Angeles, CA 90012 Memo Reference: INC49296	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PayPro Administrators Vice President	\$100.00	\$442.00	
11/10/2017	AMIC Health Insurance Services, Inc. Redding, CA 96001 Memo Reference: INC49486	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42.00	\$504.00	
11/10/2017	Karen L. Anderson Mount Shasta, CA 96067 Memo Reference: INC49652	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elizabeth V. Mitchell-Collord Insurance Agency Insurance Agency	\$21.00	\$147.00	
11/10/2017	Sharon Ashby San Ramon, CA 94583 Memo Reference: INC49572	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ashby & Hammond Insurance Services Insurance Agent	\$21.00	\$252.00	
11/10/2017	Shawn Balsdon San Francisco, CA 94109 Memo Reference: INC49592	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pinnacle Claims Director of Sales	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 37 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Barbara C. Oberman Insurance Services Woodland Hills, CA 91364 Memo Reference: INC49561	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10.00	\$376.00	
11/10/2017	Barbara McClaskey Insurance Services Redding, CA 96001 Memo Reference: INC49564	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$21.00	\$1,422.00	
11/10/2017	Barbara McClaskey Insurance Services Redding, CA 96001 Memo Reference: INC49563	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$1,422.00	
11/10/2017	Tina Baumgartner Concord, CA 94518 Memo Reference: INC49529	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word and Brown Field Sales Representative	\$10.00	\$120.00	
11/10/2017	Steve Bazurto Chula Vista, CA 91913 Memo Reference: INC49595	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bazurto Insurance Services President / Owner	\$21.00	\$126.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 38 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Sandra Bealu San Jose, CA 95112 Memo Reference: INC49602	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LISI Regional Sales Manager	\$60.00	\$720.00	
11/10/2017	Vanessa Benitez-Reyes Rancho Santa Fe, CA 92067 Memo Reference: INC49649	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word & Brown Regional Vice President	\$21.00	\$168.00	
11/10/2017	Bruce Benton Woodland Hills, CA 91364 Memo Reference: INC49603	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Creative Employee Benefits Insurance Service, Inc. Insurance Agent/Broker	\$85.00	\$935.00	
11/10/2017	Stephanie Berger Camarillo, CA 93010 Memo Reference: INC49551	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HLS Insurance Services Corporation Agent	\$85.00	\$1,470.00	
11/10/2017	Norman Bernier Los Angeles, CA 90025-4416 Memo Reference: INC49504	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Norman W. Bernier, CLU, ChFC Insurance Broker	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 39 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Debbie Blander Thousand Oaks, CA 91362 Memo Reference: INC49601	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEB Consulting Owner	\$25.00	\$264.00	
11/10/2017	David Brabender Sacramento, CA 95822 Memo Reference: INC49640	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Atman Insurance Services Insurance Agent	\$10.00	\$120.00	
11/10/2017	David Brecher Encino, CA 91436 Memo Reference: INC49552	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brecher Insurance & Financial Services Insurance Broker	\$25.00	\$300.00	
11/10/2017	Hazel Bright Concord, CA 94520 Memo Reference: INC49626	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HB Resources Insurance Services, Inc. Broker	\$85.00	\$1,020.00	
11/10/2017	Christiane Broner Albany, CA 94706 Memo Reference: INC49644	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broner Financial Services Broker	\$25.00	\$300.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 40 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Barbara Bullion Folsom, CA 95630 Memo Reference: INC49530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Transamerica Regional Vice President	\$25.00	\$300.00	
11/10/2017	Patrick Burns Oakland, CA 94618 Memo Reference: INC49565	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Burns Employee Benefits Insurance Services, LLC Insurance Broker	\$85.00	\$1,020.00	
11/10/2017	Business Choice Insurance Services La Mesa, CA 91941 Memo Reference: INC49613	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$680.00	
11/10/2017	Cindy Buttera West Thousand Oaks, CA 91360 Memo Reference: INC49645	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word & Brown Field Sales Director	\$21.00	\$252.00	
11/10/2017	Rebecca Canova Walnut Creek, CA 94598 Memo Reference: INC49634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Healthcare Insurance Sales	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 41 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Julianne Canter Simi Valley, CA 93063 Memo Reference: INC49600	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Sales Executive	\$25.00	\$280.00	
11/10/2017	Fred Cartier Spring Valley, CA 91978 Memo Reference: INC49599	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rogers Benefit Group Account Executive	\$42.00	\$504.00	
11/10/2017	Brian Cecy Santa Cruz, CA 95060 Memo Reference: INC49500	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cecy Insurance Services Insurance Broker	\$50.00	\$475.00	
11/10/2017	Debbie Chaffin Fresno, CA 93726-4027 Memo Reference: INC49498	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chaffin Insurance Services Insurance Agent	\$21.00	\$252.00	
11/10/2017	E. Stanton Clark Chino Hills, CA 91709-2618 Memo Reference: INC49493	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clark & Associates Broker	\$15.00	\$165.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 42 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Richard Coburn San Rafael, CA 94903 Memo Reference: INC49615	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word & Brown Health Insurance Sales	\$250.00	\$2,750.00	
11/10/2017	Dorothy Cociu Yorba Linda, CA 92887 Memo Reference: INC49555	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advanced Benefit Consulting & Insurance Services, Inc. Health Insurance Agent	\$85.00	\$1,420.00	
11/10/2017	Barry Cohn Canoga Park, CA 91303 Memo Reference: INC49495	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Really Great Employee Benefits Employee Benefits	\$100.00	\$1,200.00	
11/10/2017	Renee Cohn Canoga Park, CA 91303 Memo Reference: INC49491	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Really Great Employee Benefits Employee Benefits	\$100.00	\$1,200.00	
11/10/2017	Kenneth Coker Benicia, CA 94510 Memo Reference: INC49646	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zenefits Regional Sales Manager	\$25.00	\$250.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 43 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Ronald Collins Redwood City, CA 94063 Memo Reference: INC49643	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RSC Financial & Insurance Services, Inc. Insurance Agent	\$21.00	\$252.00	
11/10/2017	Colonial Life Lake Elsinore, CA 92530 Memo Reference: INC49574	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25.00	\$100.00	
11/10/2017	Robert L. Copeland Larkspur, CA 94939 Memo Reference: INC49616	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Copeland Insurance Services Insurance Sales	\$85.00	\$680.00	
11/10/2017	Ryan Cortez San Diego, CA 92131 Memo Reference: INC49655	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sharp Health Plan Event Planning Associate	\$21.00	\$126.00	
11/10/2017	Neil Crosby Thousand Oaks, CA 91362 Memo Reference: INC49614	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Insurance Management	\$85.00	\$765.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 44 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Lisa Dahl Chatsworth, CA 91311 Memo Reference: INC49511	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hoffman Brown Company Broker	\$21.00	\$252.00	
11/10/2017	Cathy Daugherty Newport Beach, CA 92663 Memo Reference: INC49560	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bridgeport Benefits Insurance Sales	\$85.00	\$635.00	
11/10/2017	Brad Davis Sacramento, CA 95835 Memo Reference: INC49612	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wraith, Scarlett & Randolph Insurance Services, Inc. V.P. Employee Benefits, Owner	\$85.00	\$1,835.00	
11/10/2017	C. Bradshaw Davis San Diego, CA 92108 Memo Reference: INC49632	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C. Bradshaw Davis, CLU, ChFC, CLTC Insurance Agent	\$21.00	\$252.00	
11/10/2017	Christopher Denton Agoura Hills, CA 91301 Memo Reference: INC49610	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Sales Executive	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 45 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Alexis DeVorss Folsom, CA 95630 Memo Reference: INC49573	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Financial Group Financial Representative	\$10.00	\$110.00	
11/10/2017	Dickerson Employee Benefits Los Angeles, CA 90039 Memo Reference: INC49562	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$425.00	
11/10/2017	Scott Dutenhoefer Orange, CA 92866-3215 Memo Reference: INC49501	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BCIS Insurance Services, Inc. President	\$60.00	\$720.00	
11/10/2017	Essential Exchange Insurance Services Brentwood, CA 94513 Memo Reference: INC49541	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$21.00	\$252.00	
11/10/2017	Ed Eybsen Ventura, CA 93004 Memo Reference: INC49659	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Collaborative Insurance Solutions President	\$60.00	\$240.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 46 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	David Fear, Jr. Lincoln, CA 95648 Memo Reference: INC49532	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shepler & Fear General Agency Broker Sales Consultant	\$50.00	\$375.00	
11/10/2017	James K. Finster Fallbrook, CA 92028 Memo Reference: INC49609	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cyan Insurance Solutions, Inc. Insurance Agent	\$25.00	\$275.00	
11/10/2017	Michael Freeman San Diego, CA 92108-4043 Memo Reference: INC49503	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Countywide Health Ins. Services, Inc. Insurance Agent	\$170.00	\$2,040.00	
11/10/2017	Stuart Friedman Irvine, CA 92614 Memo Reference: INC49556	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AXA Advisors, LLC Financial Consultant	\$21.00	\$252.00	
11/10/2017	John Good Chino Hills, CA 91709-6018 Memo Reference: INC49497	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Good & Associates Broker	\$30.00	\$360.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 47 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	James Goodacre Carmel, CA 93923 Memo Reference: INC49589	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	James W. Goodacre II RHU,REBC Insurance Broker	\$21.00	\$252.00	
11/10/2017	Sean Greene Carlsbad, CA 92009 Memo Reference: INC49638	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Greener Pasture Insurance Services Broker	\$21.00	\$126.00	
11/10/2017	Cameron Greenlaw San Diego, CA 92108 Memo Reference: INC49656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HealthCare Solutions Insurance Agency, Inc. Insurance Advisor	\$21.00	\$126.00	
11/10/2017	Tracy Hanson Anaheim Hills, CA 92808 Memo Reference: INC49647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Shield of California Regional Sales Executive	\$21.00	\$210.00	
11/10/2017	Jon Harmon Palm Springs, CA 92264-7894 Memo Reference: INC49492	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Harmon Insurance Services, LLC Insurance Agent	\$25.00	\$300.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 48 of 234 I.D. Number 892177
--	--	--

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Harry P. Thal Insurance Agency Kernville, CA 93238 Memo Reference: INC49550	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$750.00	
11/10/2017	Mark Haskell Carlsbad, CA 92008 Memo Reference: INC49629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Haskell Enrollment & Insurance Services, Inc. Broker, President, and CEO	\$85.00	\$935.00	
11/10/2017	Health Insurance Infosystem Camarillo, CA 93010 Memo Reference: INC49543	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42.00	\$336.00	
11/10/2017	Paula Heckler Walnut Creek, CA 94597 Memo Reference: INC49628	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lincoln Financial Advisors Insurance Agent	\$100.00	\$1,200.00	
11/10/2017	Richard Hemmerling Santa Clara, CA 95054 Memo Reference: INC49627	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sedona Benefits Broker	\$42.00	\$252.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 49 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Joseph Henehan San Bernardino, CA 92408 Memo Reference: INC49528	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph E. Henehan Financial and Insurance Services, Inc. Insurance Agent	\$85.00	\$1,020.00	
11/10/2017	Patrick Hennessy Lafayette, CA 94549 Memo Reference: INC49606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	beere&purves Sales Representative	\$21.00	\$292.00	
11/10/2017	Peter Herkey Sunland, CA 91040 Memo Reference: INC49578	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PGH Insurance Marketing Insurance Broker	\$100.00	\$1,200.00	
11/10/2017	Lisa Herzick Sacramento, CA 95833 Memo Reference: INC49650	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Herzick Employee Insurance Solutions Benefits Consultant	\$21.00	\$168.00	
11/10/2017	Amer Hilanto Spring Valley, CA 91978 Memo Reference: INC49605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hilanto Financial & Insurance Services, Inc. Agent / Broker	\$85.00	\$1,020.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 50 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	James A. Holt Walnut Creek, CA 94596 Memo Reference: INC49630	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Holt Financial Services Broker	\$85.00	\$1,020.00	
11/10/2017	Shelley Hoover Riverside, CA 92506 Memo Reference: INC49635	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dickerson Employee Benefits Director of Sales	\$30.00	\$360.00	
11/10/2017	Kym Hopwood Brentwood, CA 94513 Memo Reference: INC49625	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dealey, Renton & Associates Insurance Agent	\$85.00	\$850.00	
11/10/2017	Dorothy Hull San Jose, CA 95125 Memo Reference: INC49496	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paine Financial & Insurance Services, Inc. Agent	\$10.00	\$120.00	
11/10/2017	Lisa Hutcherson Elk Grove, CA 95624 Memo Reference: INC49641	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AFLAC Insurance	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received






Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 51 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Association of Health Underwriters Political Action Committee	I.D. Number 892177
---	-----------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	IntelliBenefits Insurance Services, Inc. Tustin, CA 92780 Memo Reference: INC49648	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25.00	\$175.00	
11/10/2017	Terry Lee Ives San Clemente, CA 92673 Memo Reference: INC49585	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Financial Advisors, Inc. Insurance Agent	\$21.00	\$252.00	
11/10/2017	Grant C. Jacka Encinitas, CA 92024 Memo Reference: INC49657	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CMR Risk & Insurance Services Inc. Benefits Broker	\$21.00	\$126.00	
11/10/2017	Janco Chamberlin Insurance Services Tustin, CA 92780 Memo Reference: INC49653	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$21.00	\$147.00	
11/10/2017	John Helms & Associates Walnut Creek, CA 94597 Memo Reference: INC49542	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee






Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
		Page <u>52</u> of <u>234</u>
NAME OF FILER California Association of Health Underwriters Political Action Committee		I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	David Johnston Rancho Cucamonga, CA 91730 Memo Reference: INC49526	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - David N. Johnston Insurance Sales	\$21.00	\$252.00	
11/10/2017	Judy Maxwell Insurance Services Redding, CA 96003 Memo Reference: INC49623	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$1,020.00	
11/10/2017	Bobbi Kaelin Los Angeles, CA 90012 Memo Reference: INC49571	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PayPro Administrators Vice President	\$21.00	\$442.00	
11/10/2017	Jeffrey Kane Watsonville, CA 95076-3202 Memo Reference: INC49553	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KBK Insurance Agency Insurance Broker	\$85.00	\$1,020.00	
11/10/2017	Michael Kenney Thousand Oaks, CA 91360 Memo Reference: INC49544	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mike Kenney Insurance Agency Insurance Agent	\$100.00	\$800.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 53 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Colleen King Northridge, CA 91324 Memo Reference: INC49579	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Colleen King Insurance Agency Insurance Agent	\$42.00	\$565.00	
11/10/2017	Linda Rose Koehler Livermore, CA 94550 Memo Reference: INC49636	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Herzog Insurance Agency, Inc. Health Benefits Producer	\$85.00	\$1,181.00	
11/10/2017	Jennifer Lapava San Jose, CA 95124 Memo Reference: INC49569	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word & Brown Regional Sales Manager	\$10.00	\$120.00	
11/10/2017	Sue Larsen Santa Barbara, CA 93111 Memo Reference: INC49604	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gulley & Larsen Insurance Services, LLC Self Employed Insurance Sales	\$21.00	\$252.00	
11/10/2017	Helene Lederman Stevenson Ranch, CA 91381 Memo Reference: INC49624	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CIS Insurance Services Inc. Insurance Agent	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 54 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Philip Lee Lafayette, CA 94549 Memo Reference: INC49608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lee Health Insurance Services (BLIS Corporation) Insurance Broker, President	\$60.00	\$411.00	
11/10/2017	Marilyn Leonard San Jose, CA 95148-2829 Memo Reference: INC49508	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Beacon Ridge Health Insurance Services Insurance Broker	\$85.00	\$1,020.00	
11/10/2017	Leslie A. Williams Insurance Services Redding, CA 96002 Memo Reference: INC49537	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$933.00	
11/10/2017	Jennifer Lisanti Alameda, CA 94502 Memo Reference: INC49559	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Beere & Purves Inc. Director of Sales	\$21.00	\$252.00	
11/10/2017	Allan Liu San Jose, CA 95110-1359 Memo Reference: INC49499	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prudent Choice Insurance Services Insurance Broker	\$42.00	\$504.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 55 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Jim Lowther La Mesa, CA 91941 Memo Reference: INC49591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prescott & Lowther Insurance Agency Health Insurance Broker	\$21.00	\$231.00	
11/10/2017	M&L Hurley Insurance & Financial, Inc. Redding, CA 96002 Memo Reference: INC49533	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42.00	\$504.00	
11/10/2017	Todd Macaluso Vista, CA 92081-8784 Memo Reference: INC49502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Health Group Health Insurance Agent	\$21.00	\$252.00	
11/10/2017	Laurann Malachowski Los Angeles, CA 90046 Memo Reference: INC49568	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Malachowski Insurance & Financial Solutions Insurance Sales	\$21.00	\$252.00	
11/10/2017	Richard Manning Granada Hills, CA 91344 Memo Reference: INC49583	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manning Insurance Services dba Accessible Health Insurance CEO & Owner	\$85.00	\$640.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 56 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Lucille Maravilla San Jose, CA 95125-5552 Memo Reference: INC49622	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Maravilla Insurance Health Insurance Agent	\$42.00	\$126.00	
11/10/2017	Joel Marcus Carlsbad, CA 92009-6626 Memo Reference: INC49494	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joe Marcus Insurance Services Insurance Sales	\$20.00	\$240.00	
11/10/2017	D'Vorah Mariscal Orange, CA 92868-6612 Memo Reference: INC49487	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BenefitMall Broker Sales Executive	\$20.00	\$240.00	
11/10/2017	Jennifer Mason Zoeller Orangevale, CA 95662 Memo Reference: INC49536	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shepler & Fear General Agency Vice President	\$10.00	\$120.00	
11/10/2017	Jacqueline McCarville Bakersfield, CA 93312 Memo Reference: INC49489	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Solutions Insurance Services Broker	\$25.00	\$300.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page <u>57</u> of <u>234</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Monte Merken West Hills, CA 91307 Memo Reference: INC49485	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Merken Insurance Services Owner and Principal	\$84.00	\$588.00	
11/10/2017	Mary Metcalfe Apple Valley, CA 92308 Memo Reference: INC49621	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mary Metcalfe Insurance Services Broker	\$21.00	\$252.00	
11/10/2017	Jeff Miller Fortuna, CA 95540 Memo Reference: INC49488	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harbers Insurance Agency Insurance Broker	\$21.00	\$252.00	
11/10/2017	Kelly Moore Irvine, CA 92612 Memo Reference: INC49619	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Moore Benefits, Inc. President	\$21.00	\$252.00	
11/10/2017	James Morrison Carlsbad, CA 92009 Memo Reference: INC49566	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	James M. Morrison Insurance Services, Inc. Insurance Broker	\$90.00	\$1,080.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 58 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Laura Murphy San Luis Obispo, CA 93401 Memo Reference: INC49631	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Financial Group Director of Sales	\$15.00	\$230.00	
11/10/2017	Fern Musser Upland, CA 91784 Memo Reference: INC49509	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ray M. Musser & Associates, Inc. Insurance Agent	\$21.00	\$252.00	
11/10/2017	Ray Musser Upland, CA 91784 Memo Reference: INC49510	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ray M. Musser & Associates, Inc. Insurance Agent	\$21.00	\$252.00	
11/10/2017	Ryan Neace Fresno, CA 93704 Memo Reference: INC49531	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrative Solutions, Inc. Vice President of Sales	\$21.00	\$276.00	
11/10/2017	Kim Novak Goleta, CA 93117 Memo Reference: INC49620	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Regional Sales Manager	\$21.00	\$252.00	

SUBTOTAL

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 59 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Izak Okon Tarzana, CA 91356-4252 Memo Reference: INC49584	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Q.S.R Insurance Agency Owner	\$50.00	\$1,200.00	
11/10/2017	Options in Insurance Agency LLC Anaheim, CA 92880 Memo Reference: INC49517	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$60.00	\$558.00	
11/10/2017	Jeff B. Pauli Arcata, CA 95521 Memo Reference: INC49637	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anderson Robinson Starkey Insurance Insurance Broker	\$85.00	\$1,120.00	
11/10/2017	David Peters Santa Barbara, CA 93105 Memo Reference: INC49639	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peters & Milam Insurance Services Insurance Agent	\$60.00	\$720.00	
11/10/2017	Christine Petrocelli Santa Cruz, CA 95062-2033 Memo Reference: INC49523	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Progressive Benefit Group Owner	\$60.00	\$720.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 60 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	John Ringer Huntington Beach, CA 92648 Memo Reference: INC49581	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ringer Insurance Services Life & Health Broker/Agent	\$21.00	\$252.00	
11/10/2017	Kevin Roberts Clayton, CA 94517 Memo Reference: INC49598	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KR Benefits Insurance Services Insurance Broker	\$21.00	\$252.00	
11/10/2017	Neil Robinson Highland, CA 92346 Memo Reference: INC49654	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BenefitMall Sales Executive	\$21.00	\$147.00	
11/10/2017	Mike Rude Fresno, CA 93726-0955 Memo Reference: INC49525	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mike Rude Insurance Services Independent Agent	\$21.00	\$252.00	
11/10/2017	Mitzy Russom Concord, CA 94521 Memo Reference: INC49570	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rogers Benefit Group Sales Representative	\$10.00	\$120.00	
SUBTOTAL						






*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460
Page 61 of 234		
NAME OF FILER California Association of Health Underwriters Political Action Committee		I.D. Number 892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Teri Sackett Sebastopol, CA 95472 Memo Reference: INC49666	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sackett & Associates Insurance Services Owner	\$85.00	\$255.00	
11/10/2017	Toni Santaella Santa Barbara, CA 93105-3507 Memo Reference: INC49516	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santaella & Associates Insurance Broker	\$100.00	\$1,200.00	
11/10/2017	Kenneth N. Scopp Los Angeles, CA 90025 Memo Reference: INC49538	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Financial Resources Certified Financial Planner and Certified Senior Advisor	\$21.00	\$252.00	
11/10/2017	Linda Seltzer El Cajon, CA 92020 Memo Reference: INC49515	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teague Financial Insurance Services Insurance Agent	\$21.00	\$252.00	
11/10/2017	Shasta Health Insurance Services, Inc. Redding, CA 96003 Memo Reference: INC49540	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42.00	\$504.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 62 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Samantha Siders Camino, CA 95709 Memo Reference: INC49535	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Choice Administrators Regional Sales Manager	\$10.00	\$120.00	
11/10/2017	Stephen Snitchler Bakersfield, CA 93306 Memo Reference: INC49513	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kern Island Insurance Services Insurance Broker	\$10.00	\$120.00	
11/10/2017	Stedt Insurance Services San Clemente, CA 92673 Memo Reference: INC49539	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$1,120.00	
11/10/2017	Tiffany Stiller Los Angeles, CA 90048 Memo Reference: INC49580	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BenefitMall Vice President, Carrier Relations	\$21.00	\$252.00	
11/10/2017	Kirk Stoddard San Jose, CA 95125-4331 Memo Reference: INC49518	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kirk Stoddard Agency Broker	\$21.00	\$231.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 63 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Casey Strutmeyer Martinez, CA 94553 Memo Reference: INC49527	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Payroll Systems VP Business Development	\$21.00	\$252.00	
11/10/2017	J. Edward Stricklan San Bernardino, CA 92408-3550 Memo Reference: INC49520	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Henahan Company Life & Health Broker	\$21.00	\$252.00	
11/10/2017	Jean Strouf Jamul, CA 91935 Memo Reference: INC49490	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teague Financial Insurance Services, Inc. Insurance Agent	\$100.00	\$1,200.00	
11/10/2017	David Style Tarzana, CA 91356 Memo Reference: INC49557	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Corporate Benefit Marketing Broker	\$85.00	\$1,020.00	
11/10/2017	Kathleen Sunday Fresno, CA 93720-2945 Memo Reference: INC49519	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Horstmann Financial & Insurance Services Employee Benefit Administrator	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 64 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Lisa Trapani Alamo, CA 94507 Memo Reference: INC49658	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anthem Blue Cross Specialty Sales Executive	\$25.00	\$255.00	
11/10/2017	Charles Underhill Woodland Hills, CA 91367-4110 Memo Reference: INC49554	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Underhill Insurance Agency Insurance Broker/Owner	\$60.00	\$720.00	
11/10/2017	Gale Kathleen Vaillancourt San Francisco, CA 94115 Memo Reference: INC49567	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Claremont Insurance Services Sales	\$85.00	\$1,100.00	
11/10/2017	Louise Valencia Irvine, CA 92606-1026 Memo Reference: INC49514	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ManageEase, Inc. Director, Employee Benefits	\$21.00	\$252.00	
11/10/2017	Van Nest Ventures, Inc. Saratoga, CA 95070 Memo Reference: INC49534	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$1,020.00	
SUBTOTAL						






*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460
Page 65 of 234		
NAME OF FILER California Association of Health Underwriters Political Action Committee		I.D. Number 892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	Vicki Whaley Insurance Services Weaverville, CA 96093 Memo Reference: INC49633	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$270.00	
11/10/2017	Steven Walker Watsonville, CA 95076-0751 Memo Reference: INC49524	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coast Benefits & Insurance Services, Inc. Owner	\$21.00	\$252.00	
11/10/2017	Dale L. Washington Cypress, CA 90630 Memo Reference: INC49546	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Easy Choice Health Plan District Sales Manager	\$42.00	\$294.00	
11/10/2017	Yolanda Webb Chino, CA 91710 Memo Reference: INC49545	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Webb Insurance Solutions President	\$85.00	\$830.00	
11/10/2017	Mary Jane Weber Upland, CA 91784 Memo Reference: INC49558	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Morgan & Franz Insurance and Financial Services, Inc. Executive	\$170.00	\$2,040.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 66 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/10/2017	William Youngblood Rancho Mirage, CA 92270-1727 Memo Reference: INC49512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William Youngblood Insurance, Inc. Insurance Broker	\$21.00	\$252.00	
11/10/2017	Teresa Yurek San Diego, CA 92129 Memo Reference: INC49594	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Terri Yurek Insurance Services Insurance Broker	\$85.00	\$1,020.00	
11/10/2017	Helen Zajac Mission Viejo, CA 92691 Memo Reference: INC49618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Sales Consultant	\$21.00	\$352.00	
11/16/2017	Dawn McFarland Reseda, CA 91335 Memo Reference: INC49481	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	M&M Benefit Solutions Insurance Services Insurance Agent / Owner	\$10.00	\$155.00	
12/6/2017	Barthuli & Associates Insurance Services Fresno, CA 93704 Memo Reference: INC49668	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1,000.00	\$1,000.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received






Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 67 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Association of Health Underwriters Political Action Committee	I.D. Number 892177
---	-----------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	AMIC Health Insurance Services, Inc. Redding, CA 96001 Memo Reference: INC49678	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42.00	\$504.00	
12/10/2017	Karen L. Anderson Mount Shasta, CA 96067 Memo Reference: INC49835	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Elizabeth V. Mitchell-Collord Insurance Agency Insurance Agency	\$21.00	\$147.00	
12/10/2017	Sharon Ashby San Ramon, CA 94583 Memo Reference: INC49762	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ashby & Hammond Insurance Services Insurance Agent	\$21.00	\$252.00	
12/10/2017	Shawn Balsdon San Francisco, CA 94109 Memo Reference: INC49778	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pinnacle Claims Director of Sales	\$21.00	\$252.00	
12/10/2017	Barbara C. Oberman Insurance Services Woodland Hills, CA 91364 Memo Reference: INC49750	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10.00	\$376.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 68 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Barbara McClaskey Insurance Services Redding, CA 96001 Memo Reference: INC49753	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$1,422.00	
12/10/2017	Barbara McClaskey Insurance Services Redding, CA 96001 Memo Reference: INC49755	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$21.00	\$1,422.00	
12/10/2017	Tina Baumgartner Concord, CA 94518 Memo Reference: INC49719	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word and Brown Field Sales Representative	\$10.00	\$120.00	
12/10/2017	Steve Bazaruto Chula Vista, CA 91913 Memo Reference: INC49780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bazaruto Insurance Services President / Owner	\$21.00	\$126.00	
12/10/2017	Sandra Bealu San Jose, CA 95112 Memo Reference: INC49793	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LISI Regional Sales Manager	\$60.00	\$720.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 69 of 234
		I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Vanessa Benitez-Reyes Rancho Santa Fe, CA 92067 Memo Reference: INC49832	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word & Brown Regional Vice President	\$21.00	\$168.00	
12/10/2017	Bruce Benton Woodland Hills, CA 91364 Memo Reference: INC49791	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Creative Employee Benefits Insurance Service, Inc. Insurance Agent/Broker	\$85.00	\$935.00	
12/10/2017	Stephanie Berger Camarillo, CA 93010 Memo Reference: INC49741	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HLS Insurance Services Corporation Agent	\$85.00	\$1,470.00	
12/10/2017	Norman Bernier Los Angeles, CA 90025-4416 Memo Reference: INC49698	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Norman W. Bernier, CLU, ChFC Insurance Broker	\$21.00	\$252.00	
12/10/2017	Debbie Blander Thousand Oaks, CA 91362 Memo Reference: INC49792	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEB Consulting Owner	\$25.00	\$264.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 70 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	David Brabender Sacramento, CA 95822 Memo Reference: INC49823	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Atman Insurance Services Insurance Agent	\$10.00	\$120.00	
12/10/2017	David Brecher Encino, CA 91436 Memo Reference: INC49743	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Brecher Insurance & Financial Services Insurance Broker	\$25.00	\$300.00	
12/10/2017	Hazel Bright Concord, CA 94520 Memo Reference: INC49810	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HB Resources Insurance Services, Inc. Broker	\$85.00	\$1,020.00	
12/10/2017	Christiane Broner Albany, CA 94706 Memo Reference: INC49827	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Broner Financial Services Broker	\$25.00	\$300.00	
12/10/2017	Barbara Bullion Folsom, CA 95630 Memo Reference: INC49720	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Transamerica Regional Vice President	\$25.00	\$300.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 71 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Patrick Burns Oakland, CA 94618 Memo Reference: INC49754	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Burns Employee Benefits Insurance Services, LLC Insurance Broker	\$85.00	\$1,020.00	
12/10/2017	Business Choice Insurance Services La Mesa, CA 91941 Memo Reference: INC49787	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$680.00	
12/10/2017	Cindy Buttera West Thousand Oaks, CA 91360 Memo Reference: INC49828	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word & Brown Field Sales Director	\$21.00	\$252.00	
12/10/2017	Rebecca Canova Walnut Creek, CA 94598 Memo Reference: INC49817	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Healthcare Insurance Sales	\$21.00	\$252.00	
12/10/2017	Julianne Canter Simi Valley, CA 93063 Memo Reference: INC49788	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Sales Executive	\$25.00	\$280.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 72 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Fred Cartier Spring Valley, CA 91978 Memo Reference: INC49789	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rogers Benefit Group Account Executive	\$42.00	\$504.00	
12/10/2017	Brian Cecy Santa Cruz, CA 95060 Memo Reference: INC49691	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cecy Insurance Services Insurance Broker	\$50.00	\$475.00	
12/10/2017	Debbie Chaffin Fresno, CA 93726-4027 Memo Reference: INC49692	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chaffin Insurance Services Insurance Agent	\$21.00	\$252.00	
12/10/2017	Richard Coburn San Rafael, CA 94903 Memo Reference: INC49785	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word & Brown Health Insurance Sales	\$250.00	\$2,750.00	
12/10/2017	Dorothy Cociu Yorba Linda, CA 92887 Memo Reference: INC49742	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advanced Benefit Consulting & Insurance Services, Inc. Health Insurance Agent	\$85.00	\$1,420.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 73 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Barry Cohn Canoga Park, CA 91303 Memo Reference: INC49684	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Really Great Employee Benefits Employee Benefits	\$100.00	\$1,200.00	
12/10/2017	Renee Cohn Canoga Park, CA 91303 Memo Reference: INC49683	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Really Great Employee Benefits Employee Benefits	\$100.00	\$1,200.00	
12/10/2017	Kenneth Coker Benicia, CA 94510 Memo Reference: INC49829	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Zenefits Regional Sales Manager	\$25.00	\$250.00	
12/10/2017	Ronald Collins Redwood City, CA 94063 Memo Reference: INC49826	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RSC Financial & Insurance Services, Inc. Insurance Agent	\$21.00	\$252.00	
12/10/2017	Colonial Life Lake Elsinore, CA 92530 Memo Reference: INC49764	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25.00	\$100.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 74 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Robert L. Copeland Larkspur, CA 94939 Memo Reference: INC49786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Copeland Insurance Services Insurance Sales	\$85.00	\$680.00	
12/10/2017	Ryan Cortez San Diego, CA 92131 Memo Reference: INC49840	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sharp Health Plan Event Planning Associate	\$21.00	\$126.00	
12/10/2017	Neil Crosby Thousand Oaks, CA 91362 Memo Reference: INC49790	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Insurance Management	\$85.00	\$765.00	
12/10/2017	Lisa Dahl Chatsworth, CA 91311 Memo Reference: INC49701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hoffman Brown Company Broker	\$21.00	\$252.00	
12/10/2017	Cathy Daugherty Newport Beach, CA 92663 Memo Reference: INC49751	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Bridgeport Benefits Insurance Sales	\$85.00	\$635.00	
SUBTOTAL						






*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460
Page 75 of 234		
NAME OF FILER California Association of Health Underwriters Political Action Committee		I.D. Number 892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Brad Davis Sacramento, CA 95835 Memo Reference: INC49801	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wraith, Scarlett & Randolph Insurance Services, Inc. V.P. Employee Benefits, Owner	\$85.00	\$1,835.00	
12/10/2017	C. Bradshaw Davis San Diego, CA 92108 Memo Reference: INC49816	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	C. Bradshaw Davis, CLU, ChFC, CLTC Insurance Agent	\$21.00	\$252.00	
12/10/2017	Christopher Denton Agoura Hills, CA 91301 Memo Reference: INC49800	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Sales Executive	\$21.00	\$252.00	
12/10/2017	Alexis DeVorss Folsom, CA 95630 Memo Reference: INC49763	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Financial Group Financial Representative	\$10.00	\$110.00	
12/10/2017	Dickerson Employee Benefits Los Angeles, CA 90039 Memo Reference: INC49752	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$425.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 76 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Scott Dutenhoefer Orange, CA 92866-3215 Memo Reference: INC49697	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BCIS Insurance Services, Inc. President	\$60.00	\$720.00	
12/10/2017	Essential Exchange Insurance Services Brentwood, CA 94513 Memo Reference: INC49731	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$21.00	\$252.00	
12/10/2017	Ed Eybsen Ventura, CA 93004 Memo Reference: INC49842	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Collaborative Insurance Solutions President	\$60.00	\$240.00	
12/10/2017	David Fear, Jr. Lincoln, CA 95648 Memo Reference: INC49722	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shepler & Fear General Agency Broker Sales Consultant	\$50.00	\$375.00	
12/10/2017	James K. Finster Fallbrook, CA 92028 Memo Reference: INC49798	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cyan Insurance Solutions, Inc. Insurance Agent	\$25.00	\$275.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 77 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Michael Freeman San Diego, CA 92108-4043 Memo Reference: INC49695	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Countywide Health Ins. Services, Inc. Insurance Agent	\$170.00	\$2,040.00	
12/10/2017	Stuart Friedman Irvine, CA 92614 Memo Reference: INC49746	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AXA Advisors, LLC Financial Consultant	\$21.00	\$252.00	
12/10/2017	John Good Chino Hills, CA 91709-6018 Memo Reference: INC49694	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Good & Associates Broker	\$30.00	\$360.00	
12/10/2017	James Goodacre Carmel, CA 93923 Memo Reference: INC49776	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	James W. Goodacre II RHU.REBC Insurance Broker	\$21.00	\$252.00	
12/10/2017	Sean Greene Carlsbad, CA 92009 Memo Reference: INC49821	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Greener Pasture Insurance Services Broker	\$21.00	\$126.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 78 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Cameron Greenlaw San Diego, CA 92108 Memo Reference: INC49838	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HealthCare Solutions Insurance Agency, Inc. Insurance Advisor	\$21.00	\$126.00	
12/10/2017	Tracy Hanson Anaheim Hills, CA 92808 Memo Reference: INC49830	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Blue Shield of California Regional Sales Executive	\$21.00	\$210.00	
12/10/2017	Jon Harmon Palm Springs, CA 92264-7894 Memo Reference: INC49681	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Jon Harmon Insurance Services, LLC Insurance Agent	\$25.00	\$300.00	
12/10/2017	Harry P. Thal Insurance Agency Kernville, CA 93238 Memo Reference: INC49740	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$750.00	
12/10/2017	Mark Haskell Carlsbad, CA 92008 Memo Reference: INC49814	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Haskell Enrollment & Insurance Services, Inc. Broker, President, and CEO	\$85.00	\$935.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>79</u> of <u>234</u>		I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Health Insurance Infosystem Camarillo, CA 93010 Memo Reference: INC49733	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42.00	\$336.00	
12/10/2017	Paula Heckler Walnut Creek, CA 94597 Memo Reference: INC49812	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lincoln Financial Advisors Insurance Agent	\$100.00	\$1,200.00	
12/10/2017	Richard Hemmerling Santa Clara, CA 95054 Memo Reference: INC49811	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sedona Benefits Broker	\$42.00	\$252.00	
12/10/2017	Joseph Henehan San Bernardino, CA 92408 Memo Reference: INC49713	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joseph E. Henehan Financial and Insurance Services, Inc. Insurance Agent	\$85.00	\$1,020.00	
12/10/2017	Patrick Hennessy Lafayette, CA 94549 Memo Reference: INC49797	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	beere&purves Sales Representative	\$21.00	\$292.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 80 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Peter Herkey Sunland, CA 91040 Memo Reference: INC49768	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PGH Insurance Marketing Insurance Broker	\$100.00	\$1,200.00	
12/10/2017	Lisa Herzick Sacramento, CA 95833 Memo Reference: INC49833	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Herzick Employee Insurance Solutions Benefits Consultant	\$21.00	\$168.00	
12/10/2017	Amer Hilanto Spring Valley, CA 91978 Memo Reference: INC49796	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hilanto Financial & Insurance Services, Inc. Agent / Broker	\$85.00	\$1,020.00	
12/10/2017	James A. Holt Walnut Creek, CA 94596 Memo Reference: INC49813	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Holt Financial Services Broker	\$85.00	\$1,020.00	
12/10/2017	Shelley Hoover Riverside, CA 92506 Memo Reference: INC49818	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dickerson Employee Benefits Director of Sales	\$30.00	\$360.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 81 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Kym Hopwood Brentwood, CA 94513 Memo Reference: INC49809	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dealey, Renton & Associates Insurance Agent	\$85.00	\$850.00	
12/10/2017	Dorothy Hull San Jose, CA 95125 Memo Reference: INC49685	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paine Financial & Insurance Services, Inc. Agent	\$10.00	\$120.00	
12/10/2017	Lisa Hutcherson Elk Grove, CA 95624 Memo Reference: INC49824	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	AFLAC Insurance	\$21.00	\$252.00	
12/10/2017	IntelliBenefits Insurance Services, Inc. Tustin, CA 92780 Memo Reference: INC49831	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$25.00	\$175.00	
12/10/2017	Terry Lee Ives San Clemente, CA 92673 Memo Reference: INC49775	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Financial Advisors, Inc. Insurance Agent	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>82</u> of <u>234</u>		I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Grant C. Jacka Encinitas, CA 92024 Memo Reference: INC49839	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CMR Risk & Insurance Services Inc. Benefits Broker	\$21.00	\$126.00	
12/10/2017	Janco Chamberlin Insurance Services Tustin, CA 92780 Memo Reference: INC49837	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$21.00	\$147.00	
12/10/2017	John Helms & Associates Walnut Creek, CA 94597 Memo Reference: INC49732	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$21.00	\$252.00	
12/10/2017	David Johnston Rancho Cucamonga, CA 91730 Memo Reference: INC49718	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Employed - David N. Johnston Insurance Sales	\$21.00	\$252.00	
12/10/2017	Judy Maxwell Insurance Services Redding, CA 96003 Memo Reference: INC49794	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$1,020.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 83 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Bobbi Kaelin Los Angeles, CA 90012 Memo Reference: INC49761	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PayPro Administrators Vice President	\$21.00	\$442.00	
12/10/2017	Jeffrey Kane Watsonville, CA 95076-3202 Memo Reference: INC49745	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KBK Insurance Agency Insurance Broker	\$85.00	\$1,020.00	
12/10/2017	Michael Kenney Thousand Oaks, CA 91360 Memo Reference: INC49734	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mike Kenney Insurance Agency Insurance Agent	\$100.00	\$800.00	
12/10/2017	Colleen King Northridge, CA 91324 Memo Reference: INC49770	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Colleen King Insurance Agency Insurance Agent	\$42.00	\$565.00	
12/10/2017	Linda Rose Koehler Livermore, CA 94550 Memo Reference: INC49819	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Herzog Insurance Agency, Inc. Health Benefits Producer	\$85.00	\$1,181.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 84 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Jennifer Lapava San Jose, CA 95124 Memo Reference: INC49759	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Word & Brown Regional Sales Manager	\$10.00	\$120.00	
12/10/2017	Sue Larsen Santa Barbara, CA 93111 Memo Reference: INC49795	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Gulley & Larsen Insurance Services, LLC Self Employed Insurance Sales	\$21.00	\$252.00	
12/10/2017	Helene Lederman Stevenson Ranch, CA 91381 Memo Reference: INC49808	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CIS Insurance Services Inc. Insurance Agent	\$21.00	\$252.00	
12/10/2017	Philip Lee Lafayette, CA 94549 Memo Reference: INC49799	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lee Health Insurance Services (BLIS Corporation) Insurance Broker, President	\$60.00	\$411.00	
12/10/2017	Marilyn Leonard San Jose, CA 95148-2829 Memo Reference: INC49696	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Beacon Ridge Health Insurance Services Insurance Broker	\$85.00	\$1,020.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 85 of 234 I.D. Number 892177
--	--	--

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Leslie A. Williams Insurance Services Redding, CA 96002 Memo Reference: INC49727	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$933.00	
12/10/2017	Jennifer Lisanti Alameda, CA 94502 Memo Reference: INC49749	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Beere & Purves Inc. Director of Sales	\$21.00	\$252.00	
12/10/2017	Allan Liu San Jose, CA 95110-1359 Memo Reference: INC49693	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prudent Choice Insurance Services Insurance Broker	\$42.00	\$504.00	
12/10/2017	Jim Lowther La Mesa, CA 91941 Memo Reference: INC49777	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Prescott & Lowther Insurance Agency Health Insurance Broker	\$21.00	\$231.00	
12/10/2017	M&L Hurley Insurance & Financial, Inc. Redding, CA 96002 Memo Reference: INC49723	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42.00	\$504.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 86 of 234 I.D. Number 892177
--	--	--

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Todd Macaluso Vista, CA 92081-8784 Memo Reference: INC49690	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	United Health Group Health Insurance Agent	\$21.00	\$252.00	
12/10/2017	Laurann Malachowski Los Angeles, CA 90046 Memo Reference: INC49758	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Malachowski Insurance & Financial Solutions Insurance Sales	\$21.00	\$252.00	
12/10/2017	Richard Manning Granada Hills, CA 91344 Memo Reference: INC49773	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manning Insurance Services dba Accessible Health Insurance CEO & Owner	\$85.00	\$640.00	
12/10/2017	Lucille Maravilla San Jose, CA 95125-5552 Memo Reference: INC49807	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Maravilla Insurance Health Insurance Agent	\$42.00	\$126.00	
12/10/2017	Joel Marcus Carlsbad, CA 92009-6626 Memo Reference: INC49682	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Joe Marcus Insurance Services Insurance Sales	\$20.00	\$240.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A (CONT.)

Statement covers period from <u>10/01/2017</u>		CALIFORNIA FORM 460
through <u>12/31/2017</u>		
Page <u>87</u> of <u>234</u>		I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	D'Vorah Mariscal Orange, CA 92868-6612 Memo Reference: INC49677	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BenefitMall Broker Sales Executive	\$20.00	\$240.00	
12/10/2017	Jennifer Mason Zoeller Orangevale, CA 95662 Memo Reference: INC49726	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Shepler & Fear General Agency Vice President	\$10.00	\$120.00	
12/10/2017	Jacqueline McCarville Bakersfield, CA 93312 Memo Reference: INC49679	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Solutions Insurance Services Broker	\$25.00	\$300.00	
12/10/2017	Monte Merken West Hills, CA 91307 Memo Reference: INC49675	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Merken Insurance Services Owner and Principal	\$84.00	\$588.00	
12/10/2017	Mary Metcalfe Apple Valley, CA 92308 Memo Reference: INC49806	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mary Metcalfe Insurance Services Broker	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 88 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Jeff Miller Fortuna, CA 95540 Memo Reference: INC49676	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Harbers Insurance Agency Insurance Broker	\$21.00	\$252.00	
12/10/2017	Kelly Moore Irvine, CA 92612 Memo Reference: INC49805	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Moore Benefits, Inc. President	\$21.00	\$252.00	
12/10/2017	James Morrison Carlsbad, CA 92009 Memo Reference: INC49756	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	James M. Morrison Insurance Services, Inc. Insurance Broker	\$90.00	\$1,080.00	
12/10/2017	Laura Murphy San Luis Obispo, CA 93401 Memo Reference: INC49815	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal Financial Group Director of Sales	\$15.00	\$230.00	
12/10/2017	Fern Musser Upland, CA 91784 Memo Reference: INC49699	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ray M. Musser & Associates, Inc. Insurance Agent	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 89 of 234 I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Ray Musser Upland, CA 91784 Memo Reference: INC49700	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ray M. Musser & Associates, Inc. Insurance Agent	\$21.00	\$252.00	
12/10/2017	Ryan Neace Fresno, CA 93704 Memo Reference: INC49721	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrative Solutions, Inc. Vice President of Sales	\$21.00	\$276.00	
12/10/2017	Kim Novak Goleta, CA 93117 Memo Reference: INC49804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Regional Sales Manager	\$21.00	\$252.00	
12/10/2017	Izak Okon Tarzana, CA 91356-4252 Memo Reference: INC49774	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Q.S.R Insurance Agency Owner	\$50.00	\$1,200.00	
12/10/2017	Options in Insurance Agency LLC Anaheim, CA 92880 Memo Reference: INC49705	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$60.00	\$558.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A (CONT.)

Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 90 of 234
I.D. Number 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Jeff B. Pauli Arcata, CA 95521 Memo Reference: INC49820	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anderson Robinson Starkey Insurance Insurance Broker	\$85.00	\$1,120.00	
12/10/2017	David Peters Santa Barbara, CA 93105 Memo Reference: INC49822	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Peters & Milam Insurance Services Insurance Agent	\$60.00	\$720.00	
12/10/2017	Christine Petrocelli Santa Cruz, CA 95062-2033 Memo Reference: INC49710	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Progressive Benefit Group Owner	\$60.00	\$720.00	
12/10/2017	John Ringer Huntington Beach, CA 92648 Memo Reference: INC49772	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ringer Insurance Services Life & Health Broker/Agent	\$21.00	\$252.00	
12/10/2017	Kevin Roberts Clayton, CA 94517 Memo Reference: INC49784	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	KR Benefits Insurance Services Insurance Broker	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 91 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Neil Robinson Highland, CA 92346 Memo Reference: INC49836	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BenefitMall Sales Executive	\$21.00	\$147.00	
12/10/2017	Mike Rude Fresno, CA 93726-0955 Memo Reference: INC49712	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Mike Rude Insurance Services Independent Agent	\$21.00	\$252.00	
12/10/2017	Mitzy Russom Concord, CA 94521 Memo Reference: INC49760	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rogers Benefit Group Sales Representative	\$10.00	\$120.00	
12/10/2017	Teri Sackett Sebastopol, CA 95472 Memo Reference: INC49849	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sackett & Associates Insurance Services Owner	\$85.00	\$255.00	
12/10/2017	Toni Santaella Santa Barbara, CA 93105-3507 Memo Reference: INC49702	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Santaella & Associates Insurance Broker	\$100.00	\$1,200.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received






Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 92 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Association of Health Underwriters Political Action Committee	I.D. Number 892177
---	-----------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Kenneth N. Scopp Los Angeles, CA 90025 Memo Reference: INC49728	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	First Financial Resources Certified Financial Planner and Certified Senior Advisor	\$21.00	\$252.00	
12/10/2017	Linda Seltzer El Cajon, CA 92020 Memo Reference: INC49714	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teague Financial Insurance Services Insurance Agent	\$21.00	\$252.00	
12/10/2017	Shasta Health Insurance Services, Inc. Redding, CA 96003 Memo Reference: INC49730	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$42.00	\$504.00	
12/10/2017	Samantha Siders Camino, CA 95709 Memo Reference: INC49725	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Choice Administrators Regional Sales Manager	\$10.00	\$120.00	
12/10/2017	Stephen Snitchler Bakersfield, CA 93306 Memo Reference: INC49709	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kern Island Insurance Services Insurance Broker	\$10.00	\$120.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received






Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 93 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER California Association of Health Underwriters Political Action Committee	I.D. Number 892177
---	-----------------------

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Stedt Insurance Services San Clemente, CA 92673 Memo Reference: INC49729	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$1,120.00	
12/10/2017	Tiffany Stiller Los Angeles, CA 90048 Memo Reference: INC49771	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BenefitMall Vice President, Carrier Relations	\$21.00	\$252.00	
12/10/2017	Kirk Stoddard San Jose, CA 95125-4331 Memo Reference: INC49704	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Kirk Stoddard Agency Broker	\$21.00	\$231.00	
12/10/2017	Casey Stratmeyer Martinez, CA 94553 Memo Reference: INC49717	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Payroll Systems VP Business Development	\$21.00	\$252.00	
12/10/2017	J. Edward Stricklan San Bernardino, CA 92408-3550 Memo Reference: INC49706	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	The Henahan Company Life & Health Broker	\$21.00	\$252.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 94 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Jean Strouf Jamul, CA 91935 Memo Reference: INC49680	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teague Financial Insurance Services, Inc. Insurance Agent	\$100.00	\$1,200.00	
12/10/2017	David Style Tarzana, CA 91356 Memo Reference: INC49748	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Corporate Benefit Marketing Broker	\$85.00	\$1,020.00	
12/10/2017	Kathleen Sunday Fresno, CA 93720-2945 Memo Reference: INC49703	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Horstmann Financial & Insurance Services Employee Benefit Administrator	\$21.00	\$252.00	
12/10/2017	Lisa Trapani Alamo, CA 94507 Memo Reference: INC49841	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Anthem Blue Cross Specialty Sales Executive	\$25.00	\$255.00	
12/10/2017	Charles Underhill Woodland Hills, CA 91367-4110 Memo Reference: INC49747	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Underhill Insurance Agency Insurance Broker/Owner	\$60.00	\$720.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from 10/01/2017	through 12/31/2017	
		Page 95 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Gale Kathleen Vaillancourt San Francisco, CA 94115 Memo Reference: INC49757	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Claremont Insurance Services Sales	\$85.00	\$1,100.00	
12/10/2017	Louise Valencia Irvine, CA 92606-1026 Memo Reference: INC49715	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ManageEase, Inc. Director, Employee Benefits	\$21.00	\$252.00	
12/10/2017	Van Nest Ventures, Inc. Saratoga, CA 95070 Memo Reference: INC49724	 <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85.00	\$1,020.00	
12/10/2017	Steven Walker Watsonville, CA 95076-0751 Memo Reference: INC49711	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Coast Benefits & Insurance Services, Inc. Owner	\$21.00	\$252.00	
12/10/2017	Dale L. Washington Cypress, CA 90630 Memo Reference: INC49736	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Easy Choice Health Plan District Sales Manager	\$42.00	\$294.00	
SUBTOTAL						

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)






Statement covers period		CALIFORNIA FORM 460
from	10/01/2017	
through	12/31/2017	Page 96 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. Number
892177

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
12/10/2017	Yolanda Webb Chino, CA 91710 Memo Reference: INC49735	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Webb Insurance Solutions President	\$85.00	\$830.00	
12/10/2017	Mary Jane Weber Upland, CA 91784 Memo Reference: INC49744	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Morgan & Franz Insurance and Financial Services, Inc. Executive	\$170.00	\$2,040.00	
12/10/2017	William Youngblood Rancho Mirage, CA 92270-1727 Memo Reference: INC49716	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	William Youngblood Insurance, Inc. Insurance Broker	\$21.00	\$252.00	
12/10/2017	Teresa Yurek San Diego, CA 92129 Memo Reference: INC49779	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Terri Yurek Insurance Services Insurance Broker	\$85.00	\$1,020.00	
12/10/2017	Helen Zajac Mission Viejo, CA 92691 Memo Reference: INC49803	 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Warner Pacific Insurance Services Sales Consultant	\$21.00	\$352.00	
SUBTOTAL				\$29,169.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 10/01/2017
through 12/31/2017

CALIFORNIA
FORM **460**

Page 97 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Underwriters Political Action Committee

I.D. NUMBER
892177

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 10/01/2017 through 12/31/2017	CALIFORNIA FORM 460
	Page 98 of 234
I.D. Number 892177	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Underwriters Political Action Committee

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/01/2017</u> through <u>12/31/2017</u>	CALIFORNIA FORM 460
Page <u>99</u> of <u>234</u>	I.D. Number 892177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Underwriters Political Action Committee

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 10/01/2017

through 12/31/2017

CALIFORNIA
FORM **460**

Page 100 of 234




SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. NUMBER

892177

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11/14/2017	Payee Name: Friends of Frank Bigelow for Assembly 2018 Candidate Name: Frank Bigelow State Assembly Person District 05 Jurisdiction: Assembly District Memo Reference: EXP49479 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	 <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Check Misplaced; Will Reissue	(\$1,500.00)	\$1,500.00	2018P: \$1,500.00
11/14/2017	Payee Name: Friends of Frank Bigelow for Assembly 2018 Candidate Name: Frank Bigelow State Assembly Person District 05 Jurisdiction: Assembly District Memo Reference: EXP49480 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	 <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Reissue of Misplaced Check	\$1,500.00	\$1,500.00	2018P: \$1,500.00
12/12/2017	Payee Name: Brian Dahle for Assembly 2018 Candidate Name: Brian Dahle State Assembly Person District 01 Jurisdiction: Assembly District Memo Reference: EXP49669 <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	 <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$2,400.00	\$4,400.00	2018P: \$4,400.00
SUBTOTAL				\$2,400.00		

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) **\$2,400.00**
- Unitemized contributions and independent expenditures made this period of under \$100 **\$0.00**
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$2,400.00**

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E




Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 101 of 234
I.D. NUMBER 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Underwriters Political Action Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sig-1 Graphics Sacramento, CA 95819 Memo Reference: EXP49105		LIT, MTG	\$541.12
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814 Memo Reference: EXP49278		PRO	\$1,020.00
PayPal San Jose, CA 95131 Memo Reference: EXP49285		OFC	\$59.95

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$9,018.69
2. Unitemized payments made this period of under \$100.	\$88.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$9,106.69

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)






Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 102 of 234
I.D. NUMBER 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Underwriters Political Action Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Advocates, Inc. Sacramento, CA 95814 Memo Reference: EXP49288	TRS 		\$351.95
California Association of Health Underwriters Sacramento, CA 95833 Memo Reference: EXP49292	FND 		\$1,882.10
PayPal San Jose, CA 95131 Memo Reference: EXP49472	OFC 		\$3.00
PayPal San Jose, CA 95131 Memo Reference: EXP49473	OFC 		\$19.49
PayPal San Jose, CA 95131 Memo Reference: EXP49474	OFC 		\$197.73

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)






Statement covers period from 10/01/2017 through 12/31/2017		CALIFORNIA FORM 460 Page 103 of 234
I.D. NUMBER 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Underwriters Political Action Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PayPal San Jose, CA 95131 Memo Reference: EXP49475	OFC 		\$0.59
PayPal San Jose, CA 95131 Memo Reference: EXP49476	OFC 		\$7.05
PayPal San Jose, CA 95131 Memo Reference: EXP49477	OFC 		\$27.30
PayPal San Jose, CA 95131 Memo Reference: EXP49478	OFC 		\$3.78
Friends of Frank Bigelow for Assembly 2018 Elk Grove, CA 95624 Memo Reference: EXP49479	CTB 	Check Misplaced; Will Reissue	(\$1,500.00)
Committee ID: 1392565			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)






Statement covers period from <u>10/01/2017</u> through <u>12/31/2017</u>		CALIFORNIA FORM 460 Page <u>104</u> of <u>234</u>
I.D. NUMBER 892177		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Underwriters Political Action Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Friends of Frank Bigelow for Assembly 2018 Elk Grove, CA 95624 Memo Reference: EXP49480 Committee ID: 1392565	CTB 	Reissue of Misplaced Check	\$1,500.00
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814 Memo Reference: EXP49482	PRO 		\$1,020.00
Brian Dahle for Assembly 2018 Hilmar, CA 95324 Memo Reference: EXP49669 Committee ID: 1393369	CTB 		\$2,400.00
PayPal San Jose, CA 95131 Memo Reference: EXP49670	OFC 		\$4.33
PayPal San Jose, CA 95131 Memo Reference: EXP49671	OFC 		\$59.95

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)






Statement covers period from 10/01/2017 through 12/31/2017	CALIFORNIA FORM 460
Page 105 of 234	I.D. NUMBER 892177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Underwriters Political Action Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PayPal San Jose, CA 95131 Memo Reference: EXP49672	OFC 		\$0.59
PayPal San Jose, CA 95131 Memo Reference: EXP49673	OFC 		\$169.83
Bell, McAndrews & Hiltachk, LLP Sacramento, CA 95814 Memo Reference: EXP49851	PRO 		\$1,020.00
PayPal San Jose, CA 95131 Memo Reference: EXP49940	OFC 		\$59.95
PayPal San Jose, CA 95131 Memo Reference: EXP49941	OFC 		\$1.75

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)



Statement covers period		CALIFORNIA FORM 460
from 10/01/2017		
through 12/31/2017		Page 106 of 234
NAME OF FILER California Association of Health Underwriters Political Action Committee		I.D. NUMBER 892177

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Underwriters Political Action Committee

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
PayPal San Jose, CA 95131 Memo Reference: EXP49942	OFC 		\$0.83
PayPal San Jose, CA 95131 Memo Reference: EXP49943	OFC 		\$167.40

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$9,018.69

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 10/01/2017
through 12/31/2017

CALIFORNIA
FORM 460

Page 107 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Underwriters Political Action Committee

I.D. NUMBER
892177

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Sig-1 Graphics Sacramento, CA 95819	LIT, MTG	\$541.12	\$0.00	\$541.12	\$0.00
California Advocates, Inc. Sacramento, CA 95814	TRS	\$351.95	\$0.00	\$351.95	\$0.00
California Association of Health Underwriters Sacramento, CA 95833	FND	\$1,882.10	\$0.00	\$1,882.10	\$0.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$2,775.17 \$0.00 \$2,775.17 \$0.00

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$0.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$2,775.17
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** (\$2,775.17)
May be a negative number.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 10/01/2017
through 12/31/2017

CALIFORNIA
FORM **460**

Page 108 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Underwriters Political Action Committee

I.D. NUMBER
892177

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period

from 10/01/2017

through 12/31/2017

CALIFORNIA
FORM **460**

Page 109 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Health Underwriters Political Action Committee

I.D. NUMBER
892177

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period

from 10/01/2017

through 12/31/2017

CALIFORNIA
FORM **460**

Page 110 of 234

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Health Underwriters Political Action Committee

I.D. NUMBER

892177

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
10/9/2017	Marriott International, Inc. Louisville, TN 37777 Memo Reference: INC49259	Refund	\$3,664.14



Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$3,664.14

Schedule I Summary

1. Increases to cash of \$100 or more this period.....	\$3,664.14
2. Unitemized increases to cash under \$100 this period.....	\$0.00
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....	\$0.00
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.).....	TOTAL \$3,664.14

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: INC49099
All Purpose Account

Memo Reference: INC49100
Restricted Use Account

Memo Reference: INC49101
All Purpose Account

Memo Reference: INC49277
All Purpose Account

Memo Reference: INC49279
All Purpose Account

Memo Reference: INC49286
All Purpose Account

Memo Reference: INC49294
All Purpose Account

Memo Reference: INC49296
All Purpose Account

Memo Reference: INC49298
All Purpose Account

Memo Reference: INC49299
All Purpose Account

Memo Reference: INC49300
All Purpose Account

Memo Reference: INC49301
All Purpose Account

Memo Reference: INC49302
All Purpose Account

Memo Reference: INC49303
All Purpose Account

Memo Reference: INC49304
All Purpose Account

Memo Reference: INC49305
All Purpose Account

Memo Reference: INC49306
All Purpose Account

Memo Reference: INC49307
All Purpose Account

Memo Reference: INC49308
All Purpose Account

Memo Reference: INC49309
All Purpose Account

Memo Reference: INC49310
All Purpose Account

Memo Reference: INC49311
All Purpose Account

Memo Reference: INC49312
All Purpose Account

Memo Reference: INC49313
All Purpose Account

Memo Reference: INC49314
All Purpose Account

Memo Reference: INC49315
All Purpose Account

Memo Reference: INC49316
All Purpose Account

Memo Reference: INC49317
All Purpose Account

Memo Reference: INC49318
All Purpose Account

Memo Reference: INC49321
All Purpose Account

Memo Reference: INC49322
All Purpose Account

Memo Reference: INC49323
All Purpose Account

Memo Reference: INC49324
All Purpose Account

Memo Reference: INC49325
All Purpose Account

Memo Reference: INC49326
All Purpose Account

Memo Reference: INC49327
All Purpose Account

Memo Reference: INC49328
All Purpose Account

Memo Reference: INC49329
All Purpose Account

Memo Reference: INC49330
All Purpose Account

Memo Reference: INC49331
All Purpose Account

Memo Reference: INC49332
All Purpose Account

Memo Reference: INC49333
All Purpose Account

Memo Reference: INC49334
All Purpose Account

Memo Reference: INC49335
All Purpose Account

Memo Reference: INC49336
All Purpose Account

Memo Reference: INC49337
All Purpose Account

Memo Reference: INC49338
All Purpose Account

Memo Reference: INC49339
All Purpose Account

Memo Reference: INC49340
All Purpose Account

Memo Reference: INC49341
All Purpose Account

Memo Reference: INC49342
All Purpose Account

Memo Reference: INC49343
All Purpose Account

Memo Reference: INC49344
All Purpose Account

Memo Reference: INC49345
All Purpose Account

Memo Reference: INC49346
All Purpose Account

Memo Reference: INC49347
All Purpose Account

Memo Reference: INC49348
All Purpose Account

Memo Reference: INC49349
All Purpose Account

Memo Reference: INC49350
All Purpose Account

Memo Reference: INC49351
All Purpose Account

Memo Reference: INC49352
All Purpose Account

Memo Reference: INC49353
All Purpose Account

Memo Reference: INC49354
All Purpose Account

Memo Reference: INC49355
All Purpose Account

Memo Reference: INC49356
All Purpose Account

Memo Reference: INC49360
All Purpose Account

Memo Reference: INC49361
All Purpose Account

Memo Reference: INC49362
All Purpose Account

Memo Reference: INC49363
All Purpose Account

Memo Reference: INC49364
All Purpose Account

Memo Reference: INC49365
All Purpose Account

Memo Reference: INC49366
All Purpose Account

Memo Reference: INC49367
All Purpose Account

Memo Reference: INC49368
All Purpose Account

Memo Reference: INC49369
All Purpose Account

Memo Reference: INC49370
All Purpose Account

Memo Reference: INC49371
All Purpose Account

Memo Reference: INC49372
All Purpose Account

Memo Reference: INC49373
All Purpose Account

Memo Reference: INC49374
All Purpose Account

Memo Reference: INC49375
All Purpose Account

Memo Reference: INC49376
All Purpose Account

Memo Reference: INC49377
All Purpose Account

Memo Reference: INC49378
All Purpose Account

Memo Reference: INC49379
All Purpose Account

Memo Reference: INC49380
All Purpose Account

Memo Reference: INC49381
All Purpose Account

Memo Reference: INC49382
All Purpose Account

Memo Reference: INC49383
All Purpose Account

Memo Reference: INC49384
All Purpose Account

Memo Reference: INC49388
All Purpose Account

Memo Reference: INC49389
All Purpose Account

Memo Reference: INC49390
All Purpose Account

Memo Reference: INC49391
All Purpose Account

Memo Reference: INC49392
All Purpose Account

Memo Reference: INC49394
All Purpose Account

Memo Reference: INC49395
All Purpose Account

Memo Reference: INC49396
All Purpose Account

Memo Reference: INC49397
All Purpose Account

Memo Reference: INC49398
All Purpose Account

Memo Reference: INC49399
All Purpose Account

Memo Reference: INC49400
All Purpose Account

Memo Reference: INC49403
All Purpose Account

Memo Reference: INC49404
All Purpose Account

Memo Reference: INC49405
All Purpose Account

Memo Reference: INC49406
All Purpose Account

Memo Reference: INC49407
All Purpose Account

Memo Reference: INC49408
All Purpose Account

Memo Reference: INC49409
All Purpose Account

Memo Reference: INC49410
All Purpose Account

Memo Reference: INC49411
All Purpose Account

Memo Reference: INC49412
All Purpose Account

Memo Reference: INC49413
All Purpose Account

Memo Reference: INC49414
All Purpose Account

Memo Reference: INC49415
All Purpose Account

Memo Reference: INC49416
All Purpose Account

Memo Reference: INC49418
All Purpose Account

Memo Reference: INC49419
All Purpose Account

Memo Reference: INC49420
All Purpose Account

Memo Reference: INC49421
All Purpose Account

Memo Reference: INC49422
All Purpose Account

Memo Reference: INC49423
All Purpose Account

Memo Reference: INC49424
All Purpose Account

Memo Reference: INC49426
All Purpose Account

Memo Reference: INC49427
All Purpose Account

Memo Reference: INC49428
All Purpose Account

Memo Reference: INC49429
All Purpose Account

Memo Reference: INC49430
All Purpose Account

Memo Reference: INC49432
All Purpose Account

Memo Reference: INC49433
All Purpose Account

Memo Reference: INC49434
All Purpose Account

Memo Reference: INC49435
All Purpose Account

Memo Reference: INC49436
All Purpose Account

Memo Reference: INC49437
All Purpose Account

Memo Reference: INC49438
All Purpose Account

Memo Reference: INC49439
All Purpose Account

Memo Reference: INC49440
All Purpose Account

Memo Reference: INC49441
All Purpose Account

Memo Reference: INC49442
All Purpose Account

Memo Reference: INC49443
All Purpose Account

Memo Reference: INC49444
All Purpose Account

Memo Reference: INC49445
All Purpose Account

Memo Reference: INC49446
All Purpose Account

Memo Reference: INC49447
All Purpose Account

Memo Reference: INC49449
All Purpose Account

Memo Reference: INC49450
All Purpose Account

Memo Reference: INC49451
All Purpose Account

Memo Reference: INC49452
All Purpose Account

Memo Reference: INC49453
All Purpose Account

Memo Reference: INC49454
All Purpose Account

Memo Reference: INC49455
All Purpose Account

Memo Reference: INC49456
All Purpose Account

Memo Reference: INC49457
All Purpose Account

Memo Reference: INC49458
All Purpose Account

Memo Reference: INC49459
All Purpose Account

Memo Reference: INC49461
All Purpose Account

Memo Reference: INC49462
All Purpose Account

Memo Reference: INC49463
All Purpose Account

Memo Reference: INC49464
All Purpose Account

Memo Reference: INC49465
All Purpose Account

Memo Reference: INC49471
All Purpose Account

Memo Reference: INC49481
All Purpose Account

Memo Reference: INC49485
All Purpose Account

Memo Reference: INC49486
All Purpose Account

Memo Reference: INC49487
All Purpose Account

Memo Reference: INC49488
All Purpose Account

Memo Reference: INC49489
All Purpose Account

Memo Reference: INC49490
All Purpose Account

Memo Reference: INC49491
All Purpose Account

Memo Reference: INC49492
All Purpose Account

Memo Reference: INC49493
All Purpose Account

Memo Reference: INC49494
All Purpose Account

Memo Reference: INC49495
All Purpose Account

Memo Reference: INC49496
All Purpose Account

Memo Reference: INC49497
All Purpose Account

Memo Reference: INC49498
All Purpose Account

Memo Reference: INC49499
All Purpose Account

Memo Reference: INC49500
All Purpose Account

Memo Reference: INC49501
All Purpose Account

Memo Reference: INC49502
All Purpose Account

Memo Reference: INC49503
All Purpose Account

Memo Reference: INC49504
All Purpose Account

Memo Reference: INC49508
All Purpose Account

Memo Reference: INC49509
All Purpose Account

Memo Reference: INC49510
All Purpose Account

Memo Reference: INC49511
All Purpose Account

Memo Reference: INC49512
All Purpose Account

Memo Reference: INC49513
All Purpose Account

Memo Reference: INC49514
All Purpose Account

Memo Reference: INC49515
All Purpose Account

Memo Reference: INC49516
All Purpose Account

Memo Reference: INC49517
All Purpose Account

Memo Reference: INC49518
All Purpose Account

Memo Reference: INC49519
All Purpose Account

Memo Reference: INC49520
All Purpose Account

Memo Reference: INC49523
All Purpose Account

Memo Reference: INC49524
All Purpose Account

Memo Reference: INC49525
All Purpose Account

Memo Reference: INC49526
All Purpose Account

Memo Reference: INC49527
All Purpose Account

Memo Reference: INC49528
All Purpose Account

Memo Reference: INC49529
All Purpose Account

Memo Reference: INC49530
All Purpose Account

Memo Reference: INC49531
All Purpose Account

Memo Reference: INC49532
All Purpose Account

Memo Reference: INC49533
All Purpose Account

Memo Reference: INC49534
All Purpose Account

Memo Reference: INC49535
All Purpose Account

Memo Reference: INC49536
All Purpose Account

Memo Reference: INC49537
All Purpose Account

Memo Reference: INC49538
All Purpose Account

Memo Reference: INC49539
All Purpose Account

Memo Reference: INC49540
All Purpose Account

Memo Reference: INC49541
All Purpose Account

Memo Reference: INC49542
All Purpose Account

Memo Reference: INC49543
All Purpose Account

Memo Reference: INC49544
All Purpose Account

Memo Reference: INC49545
All Purpose Account

Memo Reference: INC49546
All Purpose Account

Memo Reference: INC49550
All Purpose Account

Memo Reference: INC49551
All Purpose Account

Memo Reference: INC49552
All Purpose Account

Memo Reference: INC49553
All Purpose Account

Memo Reference: INC49554
All Purpose Account

Memo Reference: INC49555
All Purpose Account

Memo Reference: INC49556
All Purpose Account

Memo Reference: INC49557
All Purpose Account

Memo Reference: INC49558
All Purpose Account

Memo Reference: INC49559
All Purpose Account

Memo Reference: INC49560
All Purpose Account

Memo Reference: INC49561
All Purpose Account

Memo Reference: INC49562
All Purpose Account

Memo Reference: INC49563
All Purpose Account

Memo Reference: INC49564
All Purpose Account

Memo Reference: INC49565
All Purpose Account

Memo Reference: INC49566
All Purpose Account

Memo Reference: INC49567
All Purpose Account

Memo Reference: INC49568
All Purpose Account

Memo Reference: INC49569
All Purpose Account

Memo Reference: INC49570
All Purpose Account

Memo Reference: INC49571
All Purpose Account

Memo Reference: INC49572
All Purpose Account

Memo Reference: INC49573
All Purpose Account

Memo Reference: INC49574
All Purpose Account

Memo Reference: INC49578
All Purpose Account

Memo Reference: INC49579
All Purpose Account

Memo Reference: INC49580
All Purpose Account

Memo Reference: INC49581
All Purpose Account

Memo Reference: INC49583
All Purpose Account

Memo Reference: INC49584
All Purpose Account

Memo Reference: INC49585
All Purpose Account

Memo Reference: INC49589
All Purpose Account

Memo Reference: INC49591
All Purpose Account

Memo Reference: INC49592
All Purpose Account

Memo Reference: INC49594
All Purpose Account

Memo Reference: INC49595
All Purpose Account

Memo Reference: INC49598
All Purpose Account

Memo Reference: INC49599
All Purpose Account

Memo Reference: INC49600
All Purpose Account

Memo Reference: INC49601
All Purpose Account

Memo Reference: INC49602
All Purpose Account

Memo Reference: INC49603
All Purpose Account

Memo Reference: INC49604
All Purpose Account

Memo Reference: INC49605
All Purpose Account

Memo Reference: INC49606
All Purpose Account

Memo Reference: INC49608
All Purpose Account

Memo Reference: INC49609
All Purpose Account

Memo Reference: INC49610
All Purpose Account

Memo Reference: INC49612
All Purpose Account

Memo Reference: INC49613
All Purpose Account

Memo Reference: INC49614
All Purpose Account

Memo Reference: INC49615
All Purpose Account

Memo Reference: INC49616
All Purpose Account

Memo Reference: INC49618
All Purpose Account

Memo Reference: INC49619
All Purpose Account

Memo Reference: INC49620
All Purpose Account

Memo Reference: INC49621
All Purpose Account

Memo Reference: INC49622
All Purpose Account

Memo Reference: INC49623
All Purpose Account

Memo Reference: INC49624
All Purpose Account

Memo Reference: INC49625
All Purpose Account

Memo Reference: INC49626
All Purpose Account

Memo Reference: INC49627
All Purpose Account

Memo Reference: INC49628
All Purpose Account

Memo Reference: INC49629
All Purpose Account

Memo Reference: INC49630
All Purpose Account

Memo Reference: INC49631
All Purpose Account

Memo Reference: INC49632
All Purpose Account

Memo Reference: INC49633
All Purpose Account

Memo Reference: INC49634
All Purpose Account

Memo Reference: INC49635
All Purpose Account

Memo Reference: INC49636
All Purpose Account

Memo Reference: INC49637
All Purpose Account

Memo Reference: INC49638
All Purpose Account

Memo Reference: INC49639
All Purpose Account

Memo Reference: INC49640
All Purpose Account

Memo Reference: INC49641
All Purpose Account

Memo Reference: INC49643
All Purpose Account

Memo Reference: INC49644
All Purpose Account

Memo Reference: INC49645
All Purpose Account

Memo Reference: INC49646
All Purpose Account

Memo Reference: INC49647
All Purpose Account

Memo Reference: INC49648
All Purpose Account

Memo Reference: INC49649
All Purpose Account

Memo Reference: INC49650
All Purpose Account

Memo Reference: INC49652
All Purpose Account

Memo Reference: INC49653
All Purpose Account

Memo Reference: INC49654
All Purpose Account

Memo Reference: INC49655
All Purpose Account

Memo Reference: INC49656
All Purpose Account

Memo Reference: INC49657
All Purpose Account

Memo Reference: INC49658
All Purpose Account

Memo Reference: INC49659
All Purpose Account

Memo Reference: INC49666
All Purpose Account

Memo Reference: INC49668
All Purpose Account

Memo Reference: INC49675
All Purpose Account

Memo Reference: INC49676
All Purpose Account

Memo Reference: INC49677
All Purpose Account

Memo Reference: INC49678
All Purpose Account

Memo Reference: INC49679
All Purpose Account

Memo Reference: INC49680
All Purpose Account

Memo Reference: INC49681
All Purpose Account

Memo Reference: INC49682
All Purpose Account

Memo Reference: INC49683
All Purpose Account

Memo Reference: INC49684
All Purpose Account

Memo Reference: INC49685
All Purpose Account

Memo Reference: INC49690
All Purpose Account

Memo Reference: INC49691
All Purpose Account

Memo Reference: INC49692
All Purpose Account

Memo Reference: INC49693
All Purpose Account

Memo Reference: INC49694
All Purpose Account

Memo Reference: INC49695
All Purpose Account

Memo Reference: INC49696
All Purpose Account

Memo Reference: INC49697
All Purpose Account

Memo Reference: INC49698
All Purpose Account

Memo Reference: INC49699
All Purpose Account

Memo Reference: INC49700
All Purpose Account

Memo Reference: INC49701
All Purpose Account

Memo Reference: INC49702
All Purpose Account

Memo Reference: INC49703
All Purpose Account

Memo Reference: INC49704
All Purpose Account

Memo Reference: INC49705
All Purpose Account

Memo Reference: INC49706
All Purpose Account

Memo Reference: INC49709
All Purpose Account

Memo Reference: INC49710
All Purpose Account

Memo Reference: INC49711
All Purpose Account

Memo Reference: INC49712
All Purpose Account

Memo Reference: INC49713
All Purpose Account

Memo Reference: INC49714
All Purpose Account

Memo Reference: INC49715
All Purpose Account

Memo Reference: INC49716
All Purpose Account

Memo Reference: INC49717
All Purpose Account

Memo Reference: INC49718
All Purpose Account

Memo Reference: INC49719
All Purpose Account

Memo Reference: INC49720
All Purpose Account

Memo Reference: INC49721
All Purpose Account

Memo Reference: INC49722
All Purpose Account

Memo Reference: INC49723
All Purpose Account

Memo Reference: INC49724
All Purpose Account

Memo Reference: INC49725
All Purpose Account

Memo Reference: INC49726
All Purpose Account

Memo Reference: INC49727
All Purpose Account

Memo Reference: INC49728
All Purpose Account

Memo Reference: INC49729
All Purpose Account

Memo Reference: INC49730
All Purpose Account

Memo Reference: INC49731
All Purpose Account

Memo Reference: INC49732
All Purpose Account

Memo Reference: INC49733
All Purpose Account

Memo Reference: INC49734
All Purpose Account

Memo Reference: INC49735
All Purpose Account

Memo Reference: INC49736
All Purpose Account

Memo Reference: INC49740
All Purpose Account

Memo Reference: INC49741
All Purpose Account

Memo Reference: INC49742
All Purpose Account

Memo Reference: INC49743
All Purpose Account

Memo Reference: INC49744
All Purpose Account

Memo Reference: INC49745
All Purpose Account

Memo Reference: INC49746
All Purpose Account

Memo Reference: INC49747
All Purpose Account

Memo Reference: INC49748
All Purpose Account

Memo Reference: INC49749
All Purpose Account

Memo Reference: INC49750
All Purpose Account

Memo Reference: INC49751
All Purpose Account

Memo Reference: INC49752
All Purpose Account

Memo Reference: INC49753
All Purpose Account

Memo Reference: INC49754
All Purpose Account

Memo Reference: INC49755
All Purpose Account

Memo Reference: INC49756
All Purpose Account

Memo Reference: INC49757
All Purpose Account

Memo Reference: INC49758
All Purpose Account

Memo Reference: INC49759
All Purpose Account

Memo Reference: INC49760
All Purpose Account

Memo Reference: INC49761
All Purpose Account

Memo Reference: INC49762
All Purpose Account

Memo Reference: INC49763
All Purpose Account

Memo Reference: INC49764
All Purpose Account

Memo Reference: INC49768
All Purpose Account

Memo Reference: INC49770
All Purpose Account

Memo Reference: INC49771
All Purpose Account

Memo Reference: INC49772
All Purpose Account

Memo Reference: INC49773
All Purpose Account

Memo Reference: INC49774
All Purpose Account

Memo Reference: INC49775
All Purpose Account

Memo Reference: INC49776
All Purpose Account

Memo Reference: INC49777
All Purpose Account

Memo Reference: INC49778
All Purpose Account

Memo Reference: INC49779
All Purpose Account

Memo Reference: INC49780
All Purpose Account

Memo Reference: INC49784
All Purpose Account

Memo Reference: INC49785
All Purpose Account

Memo Reference: INC49786
All Purpose Account

Memo Reference: INC49787
All Purpose Account

Memo Reference: INC49788
All Purpose Account

Memo Reference: INC49789
All Purpose Account

Memo Reference: INC49790
All Purpose Account

Memo Reference: INC49791
All Purpose Account

Memo Reference: INC49792
All Purpose Account

Memo Reference: INC49793
All Purpose Account

Memo Reference: INC49794
All Purpose Account

Memo Reference: INC49795
All Purpose Account

Memo Reference: INC49796
All Purpose Account

Memo Reference: INC49797
All Purpose Account

Memo Reference: INC49798
All Purpose Account

Memo Reference: INC49799
All Purpose Account

Memo Reference: INC49800
All Purpose Account

Memo Reference: INC49801
All Purpose Account

Memo Reference: INC49803
All Purpose Account

Memo Reference: INC49804
All Purpose Account

Memo Reference: INC49805
All Purpose Account

Memo Reference: INC49806
All Purpose Account

Memo Reference: INC49807
All Purpose Account

Memo Reference: INC49808
All Purpose Account

Memo Reference: INC49809
All Purpose Account

Memo Reference: INC49810
All Purpose Account

Memo Reference: INC49811
All Purpose Account

Memo Reference: INC49812
All Purpose Account

Memo Reference: INC49813
All Purpose Account

Memo Reference: INC49814
All Purpose Account

Memo Reference: INC49815
All Purpose Account

Memo Reference: INC49816
All Purpose Account

Memo Reference: INC49817
All Purpose Account

Memo Reference: INC49818
All Purpose Account

Memo Reference: INC49819
All Purpose Account

Memo Reference: INC49820
All Purpose Account

Memo Reference: INC49821
All Purpose Account

Memo Reference: INC49822
All Purpose Account

Memo Reference: INC49823
All Purpose Account

Memo Reference: INC49824
All Purpose Account

Memo Reference: INC49826
All Purpose Account

Memo Reference: INC49827
All Purpose Account

Memo Reference: INC49828
All Purpose Account

Memo Reference: INC49829
All Purpose Account

Memo Reference: INC49830
All Purpose Account

Memo Reference: INC49831
All Purpose Account

Memo Reference: INC49832
All Purpose Account

Memo Reference: INC49833
All Purpose Account

Memo Reference: INC49835
All Purpose Account

Memo Reference: INC49836
All Purpose Account

Memo Reference: INC49837
All Purpose Account

Memo Reference: INC49838
All Purpose Account

Memo Reference: INC49839
All Purpose Account

Memo Reference: INC49840
All Purpose Account

Memo Reference: INC49841
All Purpose Account

Memo Reference: INC49842
All Purpose Account

Memo Reference: INC49849
All Purpose Account

Memo Reference: INC49259
All Purpose Account

Memo Reference: EXP49479
All Purpose Account

Memo Reference: EXP49480
All Purpose Account

Memo Reference: EXP49669
All Purpose Account

Memo Reference: EXP49278
Restricted Use Account

Memo Reference: EXP49285
Restricted Use Account

Memo Reference: EXP49472
All Purpose Account

Memo Reference: EXP49473
All Purpose Account

Memo Reference: EXP49474
All Purpose Account

Memo Reference: EXP49475
All Purpose Account

Memo Reference: EXP49476
All Purpose Account

Memo Reference: EXP49477
All Purpose Account

Memo Reference: EXP49478
All Purpose Account

Memo Reference: EXP49479
All Purpose Account

Memo Reference: EXP49480
All Purpose Account

Memo Reference: EXP49482
Restricted Use Account

Memo Reference: EXP49669
All Purpose Account

Memo Reference: EXP49670
All Purpose Account

Memo Reference: EXP49671
All Purpose Account

Memo Reference: EXP49672
All Purpose Account

Memo Reference: EXP49673
All Purpose Account

Memo Reference: EXP49851
Restricted Use Account

Memo Reference: EXP49940
All Purpose Account

Memo Reference: EXP49941
All Purpose Account

Memo Reference: EXP49942
All Purpose Account

Memo Reference: EXP49943
All Purpose Account

Memo Reference: EXP49105
Restricted Use Account

Memo Reference: EXP49288
Restricted Use Account

Memo Reference: EXP49292
Restricted Use Account
